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Helena F Richter Spalding.



*Spalding, Helena F. (Richter)*

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# NURSE'S JOURNAL.

COMPILED FROM THE NOTES OF

HELENA F. RICHTER,

A TRAINED NURSE.

*Graduate of "The Woman's Hospital," State of Illinois,*

CHICAGO, ILL.

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"Any book on Nursing, clearly and sensibly written, ought to be a successful book, so long as there are sick people to be taken care of."

E. C. DUDLEY, M. D.,

*Prof. of Gynaecology, Chicago Medical College.*

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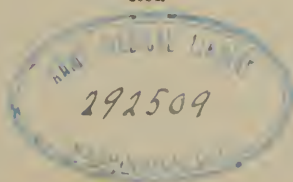
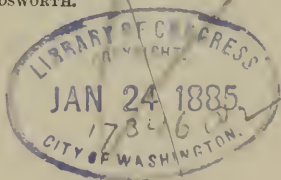
"A perfect woman nobly planned  
To warn, to comfort, and command;  
And yet of spirit still and bright,  
With something of an angel's light."

—WORDSWORTH.

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CHICAGO:  
Press of S. I. BRADBURY & SONS,  
78-82 Fifth Avenue.

1884.



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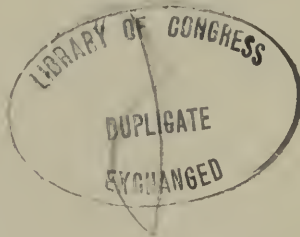
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78 FIFTH AVE., CHICAGO, ILL.



DEDICATION.

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A NURSE'S JOURNAL,

A BOOK CONTAINING FULL AND EXPLICIT INSTRUCTIONS FOR NURSING  
THE SICK, PREPARING FOOD FOR THE SICK, SUGGESTIONS  
TO NURSES, VALUABLE HINTS, ETC.

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—TO—

THE EMINENT SURGEON AND PHYSICIAN, CHIEF OF THE MEDICAL STAFF  
OF THE WOMAN'S HOSPITAL OF THE STATE OF ILLINOIS,

W. H. BYFORD,

THIS VOLUME IS RESPECTFULLY DEDICATED BY

THE AUTHOR



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## PREFACE.

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The author of this little work, Helena F. Richter Spalding, is the daughter of a Methodist minister. She was born in Berlin, Prussia, 1846, and is a lineal descendant on the paternal side of the famous Jean Paul Richter. She was but three months old when her father came to this country. When called to the ministry he gave up a lucrative business and traveled as an itinerant minister, first, over the Eastern States, and later as a circuit rider over the Northwestern States, exposed to the storms of winter, poor food and insufficient shelter for himself and horse among the pioneer settlers. He was at the bedside of the dying, cheering them as they descended into the valley, and said the last prayer over their lonely graves. To the living he proclaimed the Gospel, either in the district school-house or at their homes, in their native tongue. The meagre salary he received scarcely sufficed to support his large family, and Helena was early thrown upon her own resources.

She engaged at an early age in teaching wherever her father's work called him. Devotion to her work made her a successful teacher. Conscientiousness was ever her leading trait of character.

When the civil war broke out she was seized with an irresistible desire to become a hospital or field nurse. From this she was deterred on account of her age, being too young for the work.

Her father not only ministered to the spiritual wants of his flock, but, also, to their physical.

A chest of medicine and numerous medical works ranged alongside of his theological works. He was as frequently called upon for diseases of the body as for the soul. The looking up of symptoms and writing out prescriptions was not unfrequently left to Helena; she, in consequence, became familiar with medical terms and the nature and treatment of diseases, thus fitting herself for her chosen work. In the arduous profession of teaching she became familiar and in contact with all classes of people, and learned *self-control* and *patience*, the chief requisites of a good nurse. Dr. Byford said: "The same qualities that made you a successful teacher will make you a good nurse."

As soon as "The Womans' Hospital of the State of Illinois" was opened she entered it, and was one of the first graduates from it. She served her term in the hospital where she was a favorite with the patients, who always begged for her, preferring her above others. In utter forgetfulness of self she stood faithfully by them through painful operations, or sat with them through the silent watches of the night, quietly repeating to the restless, sleepless sufferer little gems of poetry or passages of scrip-



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ture whilst smoothing the pillow or administering with tender solicitude the medicine or cordial. Many who may read this book will no doubt recall her hopeful smile and soothing care.

That these pages may strengthen, inspire and more fully prepare noble women who devote their lives in order to become ministering angels to suffering humanity, is the earnest wish of the compiler of this little volume.

THE COMPILER.



## PROFESSIONAL NURSES.

---

Woman is by nature adapted to nursing and caring for the sick. Her quick intuition, ready sympathy and patience, all fit her for her work. The most ancient physicians or healers of all countries were women. This, no doubt, resulted from the fact that they were the priestesses of the heathen gods, at whose altars the remedy for every disease or plague which fell upon mankind was sought, because disease was regarded as a punishment of the gods. A diagnosis was given in the form of a prophecy, and they became familiar with the various ills that afflicted the people, and found remedies for the same in the roots and herbs found in their primeval forests. The people in turn adored them as superior beings, the "*wound-healing fairies*" who, ever young and beautiful, were borne on the wings of the wind, and appeared at the side of the sufferers who called upon them.

With the advent of Christianity they were superseded by the Sisters of Charity, that with an heroic devotion to duty, have ever been the first upon the field of battle, and the last to desert a city stricken by a plague.

The vow of "Chastity, poverty and obedience,"

renders her invulnerable to temptation or hardship, and superior to every emergency. The future never disturbs her, for when too old to serve she retires to the Mother's Home to end her days.

With the history and labors of Florence Nightingale we are all familiar. She may be considered in one sense as the founder of THE TRAINING-SCHOOLS FOR NURSES.

In 1873 the Bellevue Training-School for Nurses was founded and Dr. W. Gill Wylie, who went to Europe, brought a letter from Miss Nightingale in which she set forth her ideas upon the management of a school for nurses.

Many oppositions were encountered before the enterprise succeeded; the patients were of the worst class, and the duties of the nurse too arduous, it was believed by many physicians, for refined educated women to undertake.

The plan developed by Miss Nightingale, and adopted subsequently, demanded good education, strong constitution, freedom from physical defects, including those of hearing and sight and unexceptional references, on the part of the applicant, consequently but few made application, and many of the same were found incompetent for the work. The course of training includes dressing wounds, bathing and caring for helpless patients, making beds, managing positions, preparation and management of bandages, making rollers and lining of splints, and administering anæsthetics. She

must also learn to cook and serve delicacies to the patient.

In order to complete the course and receive a diploma, still more is required, viz: Exemplary deportment, patience, industry and obedience. The nurses are boarded and lodged free of charge during the course and receive a small sum monthly to defray their actual expenses.

When the school was first opened only the female wards were supplied with nurses, but as disease makes no distinction of sex, it was found impossible to complete the nurse's training and education without practice among sick men, so, early in its career, the male wards were included.

A few years ago a Training-School for Nurses was opened in connection with the Cook County Hospital, in Chicago, and several graduates from Bellevue were placed as head nurses in charge of the work. The same opposition had to be overcome; passing through the male wards the nurses were hissed by the patients, but they knew their work and performed it so well that the school is now in a flourishing condition.

"The Woman's Hospital of the State of Illinois" is especially devoted to the treatment of the diseases peculiar to women, irrespective of creed or color; to the clinical instruction of students of medicine; "*to the practical training of nurses.*" At the expiration of a course a diploma signed by the medical staff is awarded, and the nurse is quali-

fied for all the duties which come within her province.

In course of time it is hoped trained nurses will be introduced into all the County Poor Houses and other charitable institutions of the land so that cleanliness and comfort, instead of squalor and neglect, may cheer the poor and forsaken.

The profession of the trained nurse will rise in public estimation so soon as her services become more thoroughly known. The time is at hand when the Sairy Gamps, and "old granny nurses" must "fold up their tents like Arabs and quietly steal away."

The success and reputation of the physician and surgeon depends largely upon the nurse, and no eminent surgeon will perform an operation without the aid of a trained nurse. Medical skill is useless against incompetence and neglect.

META WELLERS,

Chicago, Ill.







## INSTRUCTIONS TO NURSES.

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The nurse should be provided with a hypodermic syringe, catheter of a soft flexible nature, or a silver one, a clinical thermometer, rectal tube, surgical scissors and forceps, dropper, measuring glass, glass tubes for drinking, and absorbent cotton sufficient for making tampons. The end of the catheter should be rubbed with sweet oil, or vasaline, before used, and thoroughly cleansed in carbolated water immediately after.

It should be inserted with the greatest care and removed gently; not with a sudden jerk.

In the use of the hypodermic syringe be careful not to pierce much below the cuticle. Pinch the skin up firmly between the fingers, then insert the needle obliquely as far as the first incision marked on the needle.

If the patient is too sick to have the thermometer placed under the tongue, in order to ascertain the temperature, place it under the arm-pit.

Before using the rectal tube be careful to oil it well and cleanse thoroughly in carbolated water.

In administering medicines always use the measuring glass or dropper. Never awaken a patient

out of a sound sleep, unless by the order of the physician. A sound sleep is better than medicine.

It is much better to feed a patient through a tube if the food is in a liquid form than with a spoon.

A silver spoon with a perforated bottom and a long handle is an excellent thing. Many nurses provide themselves with one. They may be had at any first-class drug store.

Always serve the food neatly on a tray covered with a spotless cloth, and put the gruel or broth in a pretty china dish; it will relish better. Do not taste of anything you may be preparing in the presence of the patient, it frequently sickens the patient, and the food, if taken, will do more harm than good.

Be careful to follow to the letter the instruction of the attending physician.

In preparing medicines be careful to disguise powders as much as possible, and prepare liquids in such a manner as to make them as little disgusting as possible. There is much more art in covering powders than is generally supposed, any medicine is less nauseous taken in a liquid than in a half-covered powder. Make yourself acquainted with the good and bad effects of the medicines that are being taken by the patient, that you may exercise discretion in the administration of them.

Be always ready to humor a sick person in everything that will do them no harm; never think of your own trouble, you are paid to serve the sick.

A person with a gloomy, morose disposition is unfit to take charge of the sick. A nurse soured by trouble, carrying on her face the traces of a life sorrow, is wholly unfit for her office. Such a disposition will affect a sick or nervous patient most unfavorably. Sympathy is a quality to be appreciated in a nurse but rare judgment must be exercised in the expression of it.

Avoid gush. If the patient's nervous restlessness shows itself too much, in undue talking, the nurse must be quiet; avoid conversation.

If inclined to despondency she may tell cheerful stories.

Turn and shake up the pillows as often as they become heated. Keep the bed clothes in order, and in numberless trifles make the sufferer comfortable. It is only those who have lain for weary months on beds of suffering who will understand and appreciate these minute details of instruction to nurses. The sick are easily affected by outside influences, and by the manner of those who wait upon them. A pair of squeaking shoes or a rustling dress may drive a patient to the edge of distraction, and the labor and exaggerated effect made by the nurse to be quiet are as hard to bear as the squeak and rustle combined.

Avoid taking hold of the bed-posts: Patients who are suffering from nervous diseases often suffer acute agony from persons merely supporting themselves by the posts or leaning against the bed, or over the

foot-boards. Rocking back and forth in a rocker is often distressing to an invalid, who cannot avoid watching the motion of the chair without closing the eyes, and often becomes half crazed before speaking of it. Motions of the body, trotting of the feet, scraping the throat, blowing the nose, picking the teeth, must be *strenuously* avoided by the nurse. The more quiet the nurse the better.

Reading in a low, well modulated voice, combing the hair, gently rubbing the forehead or the palms of the hand, will quiet a patient and induce sleep when anodynes fail.

None but the medicines *in use* should be in the sick room, and those out of the patient's sight.

All offensive clothing, etc., etc., should be immediately removed. Offensive odors may be removed by burning coffee, cubeb berries, or pouring a few drops of vinegar on a hot shovel.

Fumigation or disinfectants should not be used in the sick room. As a general thing whatever has a tendency to poison the atmosphere should be immediately removed; discharges of the patient, etc.

For cleansing basins chloralum is excellent. Copperas placed in a jar, or dish, purifies the air, and absorbs all odors.

Soiled linen should be sprinkled with carbolated water before it is sent to the wash. In cases of abscesses where iodoform is used, the disagreeable odor may be overcome by putting a vanilla bean in it. Split the bean.

The passages of a patient must be immediately removed after evacuation and the linen changed every two or three days. The clothes should be well aired and thoroughly dried before using; when possible well sunned.

In diseases of long standing and in contagious diseases, the whole bed and bedding should be changed once or twice during the disease.

No food of any kind should be kept in a sick room or in its vicinity.

Unless disagreeable to a patient light should be freely admitted, especially the sunlight.

Above all, the nurse should follow out implicitly the directions of the physician, and not take it upon herself to make any changes or prescribe any remedies or give other directions, unless absolutely necessary. She should not conceal from the physician any changes which have been made in the management of the patient during his absence.

Many times difficulty is experienced in changing the bed linen with a patient in bed, though nothing is easier when one understands how to proceed. Move the patient as far as possible to one side of the bed, and remove all but one pillow. Untuck the lower sheet and cross-sheet and push them towards the middle of the bed. Have a sheet ready folded or rolled the wrong way, and lay it on the mattress, unfolding it enough to tuck in. Have the cross-sheet prepared and roll it also, laying it over the under one and tucking it in, keeping the unused

portions of both still rolled. Move the patient over to the side thus prepared for him, the soiled sheets can then be drawn out and the clean ones completely unrolled and tucked in on the other side. The coverings used need not be removed while this is being done; they can be pulled out from the foot of the bed and wrapped about the patient. To take off the upper sheet remove, spread and place clean sheets over the blankets, securing the upper edge to the bed with a couple of pins, then stand at the foot of the bed and draw out the soiled sheet and blankets; replace the latter and put on spread; lastly, change pillow cases.

Air cushions may be propped under the patient when change of position is desired, or the rubber bed pan may be blown up and placed under the patient. Cushions of horse hair will answer the purpose.

In giving injections or douches, gradually increase the temperature; the same caution must be taken with sitz bath. In giving a sitz bath be careful to cover the shoulders of the patient to avoid colds. In giving enemas use "Richter's Syringe," as the quantity can be estimated to a nicety. It holds exactly six ounces. It can be had at E. H. Sargent's, 125 State street, Chicago, who is the sole agent for it.

### BATHING.

Never uncover the patient more than is absolutely necessary when giving a bath in bed. Bathe under-

neath the bed clothes, rubbing gently and quickly. The temperature of the water must be governed by the feelings of the patient. The best time for giving a bath is in the morning.

### POULTICES.

Poultices are of various kinds, and must be soft and moist, and sufficiently thick not to run over the surrounding parts. They must be applied warm and removed before dry.

They are used for several purposes: to scatter tumors, to hasten suppuration, or the formation of matter; to lessen inflammation, for stimulating and to check mortification.

If a soothing effect is desired poultices made of slippery-elm, bread, flaxseed or any substance which will retain moisture and warmth may be used.

For stimulating poultice mustard and carrot poultices may be mentioned.

To make a carrot poultice boil two or three carrots until soft, then mix with a small quantity of elm bark or flour. Used for ulcers or tumors of a painful character.

Charcoal poultice: Take one ounce of bread and five ounces of hot water; let it stand for ten minutes near a fire, then add powdered flaxseed, five drachms; powdered charcoal, two drachms, and form a soft poultice. This is applied to ulcers and sores which emit an offensive odor.

Slippery-elm poultice: This is made of powdered



elm bark and sufficient hot water to form a soft mass. Useful whenever a softening or soothing effect is desired. Cheese cloth is the best for poultices.

### FOMENTATIONS.

These may be either warm or cold; the object is to diminish inflammation and swelling. They may be made of arnica or calendula tincture.

They should be used in the proportion of ten to twenty drops of the tincture to half a pint of water. Cloths dipped in the mixture and frequently wrung out are applied and frequently changed.

Fomentations may also be prepared of hops, tansy and wormwood, each equal parts.

Hops may be used by dipping a bag containing them into hot water and applying to parts affected. Keep closely covered.

### BLISTERS.

Mustard poultices should be mixed with the white of an egg to prevent blistering. After removing a poultice anoint the parts with olive oil or vasaline. Always place cheese cloth over the poultice to avoid soiling the clothing of the patient.

At night where a fire may not be handy, or in hot weather, an alcohol lamp may be found serviceable. Most professional nurses are provided with one. It can be folded up into a very small compass.

Blisters are very painful, and many a patient who has borne severe illness with fortitude, becomes



frantic from the burning, scalding sensation of a blister. When a blister is ripe prick it near the center with a needle and syab the water up with absorbent cotton; do not allow the water to run over the edges. Make a thin cheese-cloth bag and fill it with powdered elm; dip it in water and lay on the burning parts; this will give instant relief. Change as soon as it becomes heated, or put the thin part of a cabbage leaf into the oven to wither, roll it with a rolling-pin. Remove before it becomes dry.

In applying iodine anoint with sweet oil or vasaline to prevent itching; and cover with cheese-cloth to prevent soiling and staining patient's garments. Use safety pins.

### PLASTERS.

In removing plasters be careful not to tear *from* the wound but *towards* the wound.

If the plaster does not adhere readily, rub the back of it with alcohol.

In removing a large plaster, wet it slightly, then remove quickly.

### BANDAGES AND ROLLERS.

Bandages and rollers must be made of linen or cotton sheeting about four fingers in width. Roll together tightly to apply more readily.

In bandaging an arm or leg commence with the fingers or toes and work upwards.

Bandages must not be tight enough to prevent circulation.

Splints may be made of thin pieces of boards or heavy pasteboard.

The bandage may be saturated from time to time with arnica lotion or cold water, as directed by the attending physician.

### THE SICK ROOM.

The nurse should dress in wash material, and wear white aprons and list slippers.

She should be even tempered, cheerful and obliging; be scrupulously neat in her person and tidy in her general habits, possess tact, be quiet and firm, painstaking and reliable, and follow out *implicitly* the direction of the attending physician.

The nurse should always be calm, cool and collected; be able to subdue all unpleasant feelings, manifesting only a spirit of kindness towards the patient.

Self control is of the highest importance when dangerous symptoms arise.

The nurse should be healthy, not liable to sudden attacks of sickness.

Much can be done by the nurse to hasten or retard the recovery of the patient.

It is extremely difficult to know exactly what diet to give to a sick person, very often a slight error in this respect will bring on a fatal result. The patient frequently desires what must be withheld.

Note every thing given the patient for the inspection of the physician.

The cap is the badge of the profession and should always be worn when on duty. Dress the hair as simply as possible. When sitting up at night with a patient be sure to have something provided to eat; it will save unnecessary exhaustion. Remember that sick people are not necessarily idiotic or imbecile, therefore do not try to persuade them, when they complain, that their ailments are imaginary.

Never relate your experiences to the patient you are nursing; professional secrecy on the part of the nurse is absolutely necessary. The trust that is placed in her hands must never be betrayed. Do not whisper in the sick room, or tell the patient that the doctor said "nothing," he will not believe it; better the worst than vague apprehensions. Make the family as little trouble as possible.

Every nurse should provide herself with a flannel wrapper to wear at night.

Over sleeves of white muslin or oil cloth will be found serviceable when assisting in surgical operations.

Every nurse should be provided with a pair of thin rubber gloves, useful when handling poisonous substances, cases of syphilis, etc.

When called to a contagious disease take such articles of clothing as may be destroyed.

Disinfect thoroughly before leaving the patient valise included.

Great care is necessary in taking such articles as will be needed, brushes, combs, etc. Never borrow. Upon returning from a case take out of the valise all soiled articles and put it in readiness for another case; the nurse, like the doctor, should be ready at a moments call.

When exposed to infection it will be found an excellent plan to wash the face and hands in spiced vinegar before entering the room; this has proved an efficient safeguard in times of plague.

Small tufts of cotton dipped in vinegar and placed in the nostrils prevent contagion. The little germs or seeds of disease lodge in the cotton instead of being inhaled into the system. The mouth should be closed as much as possible.

Depressing emotions render one more likely to take an infectious disease. Cheerfulness is a great safeguard.

Keep a careful record of every case, thus giving the medical attendant all the facts possible.

The form I have adopted is simple and pronounced excellent by Doctors Dudley and Byford, and others. I append one day's record:

## CASE 38.

MRS. A., MONMOUTH, ILL.

Disease, Tumor, (Ovarian. Fibro Cystic.) Treatment. Operation and the following treatment:

TIME.	WEDNESDAY, Nov. 9th 1881. P. M.	TIME.	PULSE.	TEMP.
3:30	Hypodermic of Morphine, $\frac{1}{2}$ gr.....	5:10	100	76 $\frac{1}{4}$ °
6:05	Hypodermic of Morphine, $\frac{1}{4}$ gr.....	7:15	100	99 $\frac{1}{4}$ °
9:00	Egg nogg 2 tablespoonfuls $\frac{1}{2}$ brandy .....	8:10	100	99 $\frac{1}{2}$ °
9:30	Catheter.....	11:40	100	100 $\frac{3}{4}$ °
11:00	Egg nogg 2 tablespoonfuls.			
	THURSDAY, Nov. 10th, A. M.			
1:00	Egg nogg 2 tablespoonfuls.....	2:10	112	99 $\frac{5}{8}$ °
2:10	Egg nogg 1 tablespoonful.....	5:45	120	101 $\frac{5}{8}$ °
3:50	Enema of Beef Ext. and Brandy, equal parts, 2 tablespoonfuls .....	9:00	116	101 $\frac{1}{4}$ °
5:00	Catheter.....			
5:45	Enema Ext. of Beef and Brandy, as before			
6:15	Hypodermic of Morphine $\frac{1}{4}$ gr.			
7:45	Egg nogg 2 tablespoonfuls.			
8:45	Enema.			
9:45	Egg nogg 2 tablespoonfuls.			
11:00	Catheter.			
11:15	Egg nogg 2 tablespoonfuls.			

## VENTILATION.

It is of the utmost importance that the air of the sick room be gradually but continually replaced by pure air.

There is little danger, with ordinary precaution, of taking cold when in bed; a draught need not be created by opening windows and doors. The bottom of the sash may be pulled up a little and the nurse must try to keep the air as pure as possible by removing everything that would cause an impure condition. A tin of water may be placed on the stove so that the air may not become too dry. Where the room is heated by hot air place a basin of water near the register.

The only way to be positive of the temperature of the sick room is by a thermometer. The best

temperature is  $60^{\circ}$ , if, however, the patient feels chilly at this temperature it may be raised to  $65^{\circ}$ . In fevers the temperature may be kept as low as  $50^{\circ}$ . About  $65^{\circ}$  is the most agreeable temperature for a consumptive patient.

It is of great importance to keep the sick room perfectly clean; to do this have as little furniture in it as possible.

Cause as little dust to be raised as possible; sprinkle the floor with wet tea-leaves and use brush broom as lightly as possible.

In most cases sunlight should be freely admitted.

In few cases, such as inflammation of the brain, light increases the pain.

The sick room should be kept quiet. Dropping things, slamming doors or any sudden startling noises annoy the patient.

Miss Nightingale says, "Unnecessary noise, or noise that creates expectation in the mind, is that which hurts the patient."

Do not ply a patient with unnecessary questions, such as, Shall I close the door? Would you like a drink? Will you have something to eat?

Do what needs to be done as quietly as possible.

## TREATMENT OF INDIVIDUAL CASES.

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### EXTRACTS FROM MY JOURNAL.

May 5th.

I have just been summoned to my *first case* in the hospital. What the first client is to the lawyer, the first call to the physician, the first case is to the nurse. Trepidation, anxiety to excel, fear of failure, are strangely blended together. At times the question arises, am I fitted for the work?

I found my patient—a Swedish lady—awaiting a surgical operation which was to take place at 2 P. M. I gave the patient a bath and an enema; then made preparations for the operation.

Provided hot water, carbolated water, bowls and pitchers, sponges, and a liberal supply of towels, and ether cup. Next proceeded to prepare the bed for the patient. Put on rubber sheeting to protect mattress. Supplied myself with an extra amount of sheets.

Finally put the patient to bed to await the arrival of the surgeons.

After the operation I put the patient to bed with hot water baths to the feet and thighs to prevent a chill. After a short time the patient awoke with a

terrible feeling of nausea. Bits of ice put into her mouth relieved her.

The case proved a very trying one; the patient was of a nervous temperament; but knowing that all beginnings are hard, I bore up bravely and had the pleasure of seeing the patient return to her home cured.

May 19th, 1880.

A new arrival! The patient is a sweet young girl from the country. She is suffering from the painful disease known as hemorrhoids. Pain has left its traces on her face. When told that an operation was necessary she shrank from it. My heart went out towards her, and I did my best to ameliorate her sufferings.

While under the influence of ether her mind wandered and she was in her western home.

Owing to the fact that the patient was of a sweet, unselfish disposition, my rest was not as broken as is the usual result in operations of this kind. I experienced the pleasure of seeing her improve rapidly. I take much pleasure in keeping exact records of symptoms, etc., for the inspection of the physician. It is in this, that the professional nurse is distinguished from the Sairy Gamps of the old school.

Mrs. H., the wife of a minister, a delicate, nervous little woman, proved a very hard case. She suffered from lacerated perinæum, which is very



painful. Narcotics and nervines had little or no effect, so I had to resort to my own ingenuity.

One of the most difficult things was to keep her quiet. Rest for me was well nigh impossible. My couch was the operating chair, from which I was called every few moments. At times my patience was sorely tried; the sharp rebuke was on my lips, but I managed to control myself.

Calling for a drink, the question is, how shall it be given? The patient must not be raised. I found some glass tubes in the dispensary; placing the glass in her arm pit, with the tube in it, it became a convenient, easy process. Rubbing her hands eased her, and reading to her sometimes diverted her mind from herself for a short period. \* \* \*

Across the room was another sufferer, a model patient. She was a beautiful blonde, and her golden hair when braided reached below her waist. It was so glossy and smooth that it never tangled.

Her case was hopeless; she suffered from cancer of the uterus; the last thing had been done for her; the neck of the uterus had been entirely removed. At her bed-side I learned lessons of endurance and patience. She never called for anything; had to be asked whether she would have this or that. I strove to anticipate her wants. Constant discharges made watchfulness on the part of the nurse necessary, and the use of carbolated water a necessity.

August 28th, 1879.

I must go out for a walk, in order to brace up for the work awaiting me. \* \* My patient, Mrs. B., was carried in from her carriage; she is a woman of rare beauty, exquisitely dressed in pure white. She is suffering from a fibroid tumor in the neck of the uterus. She pulled her hair in agony. No relief is possible until to-morrow afternoon, when the operation is to take place. She was favorably impressed with me; besought the Doctor that I might be allowed to nurse her. Appreciation is a wonderful stimulant. I will do my utmost for her; she shall have no lack of care.

August 29th.

No opiates could be administered internally, as she was unable to retain them on her stomach.

Rubbing is the only thing that gives relief; the Massage treatment.

During the operation congestion of the brain took place, from the effects of the ether and the state of the patient. The operation was attended by the staff and performed by Dr. Byford. The case is a critical one, and great watchfulness on the nurse's part is necessary. All inflammation must be kept down by carbolated douches given four and five times a day; flax-seed poultices must be made and rest is not to be thought of until the patient is out of danger.

September 30th.

My patient improves rapidly, and I have my reward in seeing her happy; she will soon go to her home fully restored to health and happiness.

November 2nd.

One of the patients, a Mrs. G., who has been an invalid for 12 years, sent for me to dress two setons, one on each side of the abdomen.

She is suffering from spinal complaint, and has that yearning, suffering look common to sufferers with spinal ailments.

In dressing a seton I put on a soft covering of lint well moistened with warm water and removing it as often as it gets cold. I try not to rub; the sore parts cultivate a light touch.

After removing the setons, fly blisters were laid across the abdomen to draw out the inflammation. The blisters I dressed with cabbage leaves, removing frequently, as they bruise as soon as dry.

### OVARIAN TUMOR.

November 9, 1880.

Treatment—Operation—Weight of tumor 65 lbs.

I made the following preparations for the case which proved a severe one, as numerous extracts from my book will show.

After the operation, pyemia (blood poisoning) set in and an abscess formed directly above the incision.

Pieces of flesh dropped from the limbs. No food could be taken by the patient. Enemas had to be given with great care.

### REQUISITES FOR OVARIOTOMY.

Sheets.....2	Pins.....	Carbolic Water, 3 per cent.
Towels.....6	Scissors.....1	Alcohol for Aspirator 1 pint.
Wash Bowls.....2	Lint.....	Hot Water for Aspirator.
Slop Jars.....2	Cotton.....	CARBOLATED WATER.
Basin.....1	Sponges Small...½ doz.	1 per cent. 3 drachms Carbolic Acid
Bath Tub.....1	Sponges Large.....4	to 1 quart of water.
Oil Cloth.....1	Brandy.....	3 per cent. 8 drachms of Carbolic Acid
Hot Water Bottles	Flannel Bandages.....2	to 1 quart of water.
Carbolated Water	Adhesive Plaster.....	

The room and bed to be occupied by the patient should be scrupulously clean, and be well fumigated and purified with sulphur a day or two before the patient is put in it.

The wood work and floor should be washed with a solution of carbolic acid, also the bed of the patient sprinkled with it.

The furniture should consist of a few chairs and wash stand, the ventilation be strictly attended to. I have taken heavy colds in not wearing the proper clothing, which should be warm, in nursing a case of Ovariotomy.

Great care must be taken in feeding the patient, as the clothing cannot be changed until the stitches are removed. I prefer a spoon-tube and drinking cup with a spout.

The catheter in this as in similar cases should be cleansed in a solution of carbolated water, or diseases may be conveyed from one patient to another.

Have the bed well protected, especially around the patient, with cheese cloth or absorbent cotton

that may be frequently removed without stirring the patient; if the bedding should become soiled sprinkle with carbolated water. In getting adhesive plaster ready, warm it over a lamp or around a bottle of hot water. Keep the mind of the patient cheerful; never talk die. By being cheerful and hopeful one may inspire hope in the patient. I get very little rest and sometimes fear my strength may give out before I get through with my patient.

Constant attendance, as may be seen from the account of the case, is necessary.

The profession of a trained nurse is an arduous one. The following is from the report kept for the physician's inspection :

## No. 5.

TIME.	SUNDAY, NOVEMBER 13, A. M.	TIME.	PULSE.	TEMPR.	RESPR.
A. M.	Slept 25 minutes.				
2:15	Catheter.				
2:20	Egg nog 10 tablespoonfuls.				
2:40	Hypodermic of morphine $\frac{1}{4}$ gr.				
2:45	Quinine capsules, iv gr.				
3:15	Catheter.				
3:20	Beef tea, $\frac{3}{4}$ of a cup.				
7:20	Catheter.	7.25	96	99 $\frac{1}{2}$ °	16
7:25	Egg nog, 8 tablespoonfuls.				
8:00	Quinine capsules.				
9:00	Hypodermic of morphine, $\frac{1}{4}$ gr.				
9:50	Beef tea.				
10:15	Catheter.	10	92	99 4.5°	
10:05	Egg nog.				
11:40	Beef tea.				
12:00	Quinine capsules.	12	96	100°	
P. M.					
1:00	Egg nog, 1 tumbler full.				
4:00	Milk porridge.	3	96	100 2.5°	16
4:15	Quinine capsules, 4 gr.				
	Slept 1 hour.				
5:00	Urinated.	6	94	99 1.5°	

## No. 5.—Continued.

TIME.	MONDAY, DECEMBER 5, A. M.	TIME.	PULSE.	TEMPR.	RESPR.
7:10	Urinated frequently during the night. Egg nog during the day. Bowels moved by an injection Sponge bath of alcohol and water. Dressed wound and abscess. Tincture of iron after each meal. Urinated. Egg nog. Hypodermic of morphine.	7	81	98 3 5°	

Saturday, December 10th.

Patient feeling better, sores less painful. Urine clear and less frequent, appetite good. Treatment of the wounds and abscess as directed by the physician. Wounds look better.

January 8, 1881.

Patient discharged, well. Physician expresses himself well pleased with my nursing, but fears that on account of my sympathizing too much with those in my charge I may wear out my own strength.

### CANCER OF THE UTERUS.

March 18, 1881.

Treatment—Operation, March 4th.

A cancer case is peculiarly hard to take care of in consequence of the offensive discharges. My patient is unable to keep opiates of any kind on her stomach, I must therefore resort to means of my own. Bathing her face and hands in warm water seems to have a soothing effect.

Very light flax seed poultices across the bowels relieve her.

Little squares of cheese cloth filled with cotton laid around the patient keep the bedding clean and can be removed frequently.

The patient must not be moved. Before putting the cloths about her I sprinkle with them carbolated water. Then dry perfectly.

The patient is in constant danger from hemorrhage.

April 2nd.

The patient, a lady of fine mind, is very fond of reading. She has traveled much and is well versed in literature. She realizes that a well stored mind is a treasure-trove even in sickness. Mind is superior to matter, and the patient is never discouraged; has entire confidence in Dr. Byford.

May 1st.

My patient is improving rapidly.

Though glad to know that she can soon return to her beautiful home, I shall miss her. Caring for and nursing her back to life has been a privilege.

May 15, 18—.

I copy a portion of my patient's letter; it will be a comfort to look back upon when tired and discouraged:

“MY DEAR MISS RICHTER:

“I have not forgotten the dear patient being who

so kindly administered to my wants. I am gradually becoming stronger. I do so want to become well once more. Have your lines fallen in pleasant places this time? I hope so. I shall never forget your self-sacrificing care, and whenever you are tired my home is yours to rest in and I will make you comfortable. Wishing you success in your noble work, I remain, sincerely,

“ \_\_\_\_\_.”

### PELVIC ABSCESS.

October 2, 18—.

The patient was etherized and pus drawn from the abscess.

Two drainage tubes were inserted which must be constantly cleansed by injection through them. The case is peculiarly sad as recovery is well-nigh hopeless, and the sufferer beautiful in mind and body.

October 5, 18—.

Temperature frequently runs up to 103. Discharges from the bowels are terrible. I purify the room in various ways. Keep jar with copperas in always on hand. About the body of the patient I place oakum (tarred rope) picked to shreds.

November 15.

Patient very low. To-day she sank so rapidly that I thought she was dying. No one at hand to send for physician.

I forced her mouth open and gave her some whis-



key, which revived her a little, then gave her the white of an egg beaten to a froth. When the physician arrived she had rallied enough to speak.

November 18.

I have not been sufficiently careful with myself; a little scratch on my hand has come in contact with discharges from the abscess and I am sick.

The doctor pronounced it blood-poisoning. After this I shall wear thin rubber gloves when handling the patient.

December 1.

Contrary to all expectation my patient is apparently recovering, and I must leave her to other care than mine, for my own strength is exhausted, and absolute rest imperative.

One cannot be too cautious when nursing severe cases. Careless exposure is "Flying in the face of Providence." A nurse must hoard her strength and guard AGAINST UNNECESSARY EXPOSURE.

March 15, 1882.

Nursing in private families is, in some respects, more difficult than nursing hospital patients. The esteem of the family must be gained and maintained, the household regulations must be taken into consideration; needful articles are at time unattainable. Visitors will intrude, and it is sometimes difficult to carry out the physician's instructions in regard to diet, etc. Great tact is necessary to avoid conflicts. My little alcohol lamp that I always carry

with me has proved a great convenience. Can heat water on it for sponge baths or broth.

### TYPHOID MALARIAL FEVER.

A typhoid malarial fever case. Patient restless and very nervous. Added to this a small babe must be weaned.

Great difficulty in taking medicines is experienced by patient; throat sore; constant changes; sponge baths; hot water bottles to extremities after chills; the room constantly purified by carbolated water, burning coffee, etc.

Disease—Typhoid malarial fever.

TIME.	TREATMENT—SATURDAY, MARCH 18, P. M.	TIME.	PULSE.	TEMPR.
2:00	Quinine, 1 teaspoonful.	2:10	110	101 2-5ths
3:00	Quinine, 1 teaspoonful.			
3:30	Three teaspoonfuls of port wine.			
3:45	Breast pump.			
4:00	Quinine, 1 teaspoonful.			
4:20	Carbolic acid (as disinfectant.)	4:40	110	104½
5:15	Milk			
6:00	Port wine, ½ wine glass.			
6:15	Medicine, powder.			
6:10	Vomited a little.			
6:15	Urinated (scanty).			
7:30	Milk.	7:00	120	102 2-5ths
8:15	Medicine, powder			
	Slept ¾ hour.			
10:00	Sponge bath.			
10:30	Slept 1 hour.			
10:30	Port wine.			
11:00	Milk.			
TIME.	SUNDAY, MARCH 19, A. M.	PULSE.	TEMPR.	
12:00	Vomited a little.			
1:25	Urinated; slept ¾ hours.			
2:25	Milk; slept thirty minutes.			
4:10	Digitatis.			101 1-5th
4:30	Milk.			
6:15	Urinated			
7:00	Quinine mixture, 1 teaspoonful.	100		101 2-5th
7:30	Milk; breast pump.			
8:00	Quinine mixture 1 teaspoonful.			
9:00	Quinine.			
9:10	Alcohol sponge bath.			
10:00	Milk.			
11:00	Port wine, 1 wine glass.	100		101 2-5th
10:45	Urinated.			
11:00	Vomited, the m.k.	101		102 2-5th
11:30	Quinine mixture, 1 teaspoonful.			
11:15	Urinated.			

May 20.

Patient doing nicely. Had a hard time to get the hair combed. Proper care had not been taken to braid the hair before the patient was too low.

### ERYSIPELAS.

May 22, 18—.

Have just returned home for a rest, for rest after labor is sweet. A rap at the door, a note with "Come at once to No.—, erysipelas in the face." Such a face! Anything but comely to look upon. Good work must be done here or failure will be the result. Temperature of patient very high, room very small; ventilation must be attended because the air is vile. The bed stands near the only window in the room. Covered the patient up with an extra blanket, head and all. Let the air pass over the bed ten minutes. The patient suffers from a distressing pain in the stomach; put on old-fashioned mustard poultice, not forgetting the white of an egg to prevent blistering. Vomiting being one of the features of the disease, it becomes distressing to patient and fatiguing to nurse. Placing a bowl large enough to cover mouth and chin, placing patient on the side, with towel under bowl, makes it easier for both of us.

All discharges and cloths must be removed at once, and all bowls and vessels cleansed with carbolated water.

Cloths wrung out of sugar of lead soothe the patient.

May 23d.

Ten P. M.: Pulse, 100; temperature,  $103^{\circ}$ . Patient very restless. One morphine pill. Urine very dark; vomiting continues.

One P. M.: Pulse, 112; temperature,  $104\frac{2}{3}^{\circ}$ . The disease has reached its crisis. A teaspoonful of mead to-day. Patient very irritable; as the symptom is a favorable one I will hail it as a good omen; smile and "dinna weary."

Things look hopeful and I feel repaid, "For some must watch while others sleep," etc. Patient takes little naps. Pulse, 102; temperature,  $102\frac{1}{5}^{\circ}$ . Dipped cloth in olive oil and laid it across the bowels for soreness. The face looks better; application of cosmoline.

May 25th.

Here is another enemy to encounter: "I want to scratch!" It is a comfort, doubtless, to scratch where it itches, but I must reason, implore, and induce the patient to keep "hands off." Fortunately the ruling passion in woman to be beautiful will do more than anything else.

Temperature,  $101\frac{1}{5}^{\circ}$ ; pulse, 90.

Will now apply something more agreeable than cosmoline, wash of borax.

Shall now have to tempt the stomach with something nice:

---

“ With dispatchful looks in haste  
She turns, on hospitable thoughts intent,  
What choice to choose for delicacy best;  
What order, so contrived as not to mix;  
Taste not well joined, inelegant but bring  
Taste after taste with kindest change.”

Shall give some nice milk toast; will prepare it myself.

Cloth on face changed frequently. Patient coughs, weak lungs. Applied belladonna plaster between the shoulders. Patient craves tomatoes, with lemon juice; approved by physician. Doctor very much pleased with patient's progress.

Nine A. M. Slept three hours, during which I took a nice little nap myself.

May 29th.

Patient able to sit up; appetite good. Shall leave to-morrow, feeling that work faithfully done never fails of its reward.

#### ACUTE INFLAMMATORY RHEUMATISM.

May 30, 18—.

At home. Have unpacked valise. A nurse must sleep like a warrior, “with his martial cloak around him;” be ready at a moment's warning.

A case of inflammatory rheumatism is the next. A young gentleman away from home and friends is lying in a dark hall bed-room. I prevailed upon the landlady to move him to a sunny, comfortable chamber. Gave him drinks of hot lemonade. The

glass urinal, and rubber cushion to change the position, prove invaluable in this case.

Wednesday patient much improved. Give alcohol sponge baths, being careful not to remove the cover more than is absolutely necessary. Have the alcohol as warm as possible, and using the flesh brush briskly afterwards.

The patient speaks of home and a Christian mother and her early teachings. This is the first time in his life that disease has laid him low, and he yearns for sympathy and care.

### OVARIOTAMY.

June 1st, 18—.

After a ride of about sixteen hours and nothing to eat since six o'clock P. M. the previous day, for we relied on the dining car, which had that day, Sunday, been left behind for repairs.

No time to eat, as the operation will take place half an hour after the arrival of the train. To put things in readiness, attend to the wants of the patient, learn the ways of the house, was all I could do.

The patient, a tall, auburn-haired, sharp, visaged person, on whose face the traces of pain were visible.

The day was hot; the case complicated; a great many adhesions. The surgeons worked hard. Etherizing fell to me, which was anything but a pleasant task on a full stomach.

Formed an ether cup out of a newspaper in the form of a cornucopia, with a small opening at the pointed end, fitting the other end over the nose and mouth, filled it up with handkerchiefs. Patient became much exhausted; gave brandy hypodermically during the operation. At last the physicians have done their duty, and mine begins in earnest; they will leave and I must report, and if necessary dispatch if dangerous symptoms manifest themselves.

Vomiting sets in, which is extremely dangerous in this case; the retching must be avoided. Gave Hoffman's anodyne and bits of ice.

7:30, used catheter well oiled; 8:00, egg nog after my recipe, by enema, one tablespoonful; 8:30, egg nog, enema; pulse 80; 8:35, hypodermic of morphine, sulp.; 9:30 vomited, enema, egg nog given with rubber syringe. Patient becomes conscious and restless.

Insert the rectal tube to carry off flatulence.

10:00, morphine hypodermically; 10:30, enema, egg nog one teaspoonful; 11:20, vomited.

11:25, catheter; an evacuation of the bowels; placed cotton and cheese cloth about the patient, which I can remove easily and destroy at once by burning.

Monday A. M.

Pulse 84; treatment as before. I shall look for a rise in temperature. Have not an ice cap; shall have to use cloths wrung out of ice water. A piece of oil-cloth must be placed under patient's head.

Pulse 99; temperature  $100\frac{3}{5}$ °; 10: 45, aconite. Patient took eight teaspoonfuls of milk porridge; stomach retained it. Pulse 100; temperature  $100\frac{4}{5}$ °; perspiration warm. Not as yet able to urinate without use of catheter. Opened bandages which are of flannel and dressed wound for the first time; looks well; applied iodoform; put on clean compresses.

Begin the milk diet; patient slept three-fourths of an hour. Added lime water to the milk.

1 P. M., morphine; 1: 10, catheter; a slight rise in temperature; shall renew the ice cloths. It reduces the temperature noticeably. Added a little of my prepared flour to the making a thin gruel.

### Wednesday.

Dressed wound; used castile soap and carbolated water; inserted a small drainage tube into the incision.

Patient is annoyed with a tickling sensation in the throat; gave lemon juice and bits of ice.

### Thursday A. M.

Temperature  $100\frac{1}{5}$ °; vaginal discharge; gave a carbolated douche; used fountain syringe; medicines nearly the same; discontinued the aconite, and added quinine sulph.

### Friday, 1 P. M.

A slight rise in temperature; renew the aconite; dressed wound; looks better. In dressing a wound



I always find it necessary to have *everything* that may be required ready for the occasion. I feel the need of sleep. I think I can now trust my charge in the hands of some one for a short nap. Later. Having been shown an up-stairs room, I soon sunk into a slumber from which I was aroused. I discovered that I was not the only occupant of the bed; tried a bed in the adjoining room with the same result. Nothing left me but to lie down on a couch near my patient; the country is low and sandy and I soon find there is no rest for me. The *flea* is like Addison's definition of infinity, "It has its center everywhere and circumference nowhere."

#### Monday.

Have added beef tea, made after one of my recipes. Pulse 82; temperature 99 4-5 degs. 2:30, alcohol sponge bath; discontinue use of catheter.

#### Saturday A. M.

Pulse 80; temperature 99 1-5. Patient able to drink a whole glass of milk. I add rice, (steamed;) no change in medicines, but the quantity lessened.

P. M., temperature 2 degs. less than in the morning; beef tea and a small piece of toast; dress the wound; find the syringe of my invention just the thing. No discharge from the wound.

The garments of the patient, which consist of a red flannel gown with a white night dress over it, have not been changed since the operation, as the

patient could not be stirred. The stitches from the wound are also to be removed to-morrow. Shall hasten to give the clean garments a thorough airing by the stove, leaving them there till to-morrow.

Monday, A. M.

The apprehension of having the stitches removed has increased the patient's temperature.

Give alcohol sponge bath, then change the garments, a work so much dreaded by old fashioned nurses, not saying anything about the victim, the poor patient.

I find the task comparatively easy. Placing both garments together (sleeve into sleeve), ripping the gowns down the front if not open, sewing them together on the patient, or pinning them together with safety pins.

I now slip both sleeves on at once, push the garment underneath, then go to the other side and put in the other arm. The work is accomplished, the patient feels relieved. After the patient is rested, remove the flannel bandages, wash and dress the wound.

Patient in good spirits; give a small dose of morphine to remove pain caused by removing the stitches.

Tuesday, A. M.

My patient ate a good breakfast, consisting of poached eggs on toast, tea and milk. Patient ap-

pears restless, shall have to attend to moving the bowels; can do so now with safety. Use my rectal syringe, giving about a tablespoonful of sweet oil.

Patient relieved. Examined the wound; found a place where it had not united properly; shall insert a small rubber tube, suppuration has taken place where it has not united. Inject carbolated water through the drainage tube, a discharge of pus, renew the aconite, because I observe a rise in temperature.

Sunday, A. M.

A change for the better; no discharge from the wound; appetite good. Breakfast of squab on toast.

Tuesday, June 27.

Have moved the patient to a pleasant room; pleasant surroundings are a great comfort and help to a sick, but more particularly to a convalescent person.

Patient is able to sit up a little; medicines discontinued.

Friday, July.

Preparing to leave; appreciate the thought. I long to be once more where the wicked (fleas) cease from troubling and the weary may be at rest.

### OBSTETRICS.

July 3d, 2 o'clock, A. M.

Rain pouring; am rudely awakened by the sum-

mons to come at once to a case that I have been engaged for. The life of a nurse is not an enviable one, self denial is the order of the day. Begin at once to get the bed in readiness, spread an extra quilt over the mattress, over which I spread a large piece of rubber sheeting, pinning it on to the mattress with safety pins; over this place the sheet, over this place a comfortable double, on top of which lay a sheet folded in three thicknesses, in shape of a napkin. After these have been removed the patient has a clean, comfortable bed.

Put as light clothes on top as possible, give the patient a bath, some light nourishment, braid the hair in two braids and move the bowels.

For the new-comer I select soft flannels and unstarched gowns. On a chair I place work box, with thread, scissors, small safety pins and lint. Have ready, also, vaseline, lard in a saucer, and borax. Do not forget baby blankets. Secure the Fountain syringe, with lot of water near the bed; have also some ice in readiness.

I find compresses of cheese cloth filled with cotton to place under patient very handy; they can be easily removed and burned when soiled. Have donned my soft apron, made of Canton flannel.

I receive the new arrival in a soft, warm blanket, near the fire, wipe its face with soft cloth, lubricate it quickly with lard (warmed), then lay it in a warm spot and hasten to the mother. Must next attend to the bandaging of the mother, not forgetting the

compress. After the patient has rested I give a carbolic douche.

The baby now claims my care; the work of washing and dressing must be quickly done. A very little, if any, water should be used the first time. Wash the mouth with a little water and borax. Wipe the body with a dry, soft cloth. Dress the navel by cutting a hole large enough for the cord to be drawn through. It should consist of several thicknesses of soft linen, cut in a square, so that it can be folded over the navel cord, like an envelope. Oil with sweet oil, lard, mutton tallow or vasaline. Put on bandages and dress in a flannel gown. Make the patient more comfortable, removing the soiled compresses, etc. It is now time to turn to the new arrival and give it its first meal. It is a wee tiny one, weighing only five and a half lbs., and is very weak; it will have a struggle indeed for existence. I lubricate the nipple and put the babe to the breast, but it is too weak to nurse; nothing remains but to feed it with a spoon, warming a little of the mother's milk over my alcohol lamp.

I fear that it is tongue tied, and call the physician's attention to it. He agrees with me and loosens the tongue, which helps matters somewhat. The mother has a surplus of milk, which must be drawn off by the breast pump; great care is necessary.

Shall have to report the fact that the infant's

bowels have not moved, the meconium has not passed off. P. M.—There has been a small discharge from the infant but not sufficient, so I give the medicine as directed by physician. The child is very restless suffering from colic; I give a small quantity of anise tea. Wash the naval carefully and keep it well lubricated. The mother's diet so far has been light, nutritious food.

I continue the use of douches. A natural evacuation of the bowels. The naval cord drops off; both mother and child doing well. The mother is able to sit up for a short time. Received an urgent call to a very sick patient; must leave my patient in the hands of an old-time nurse for a few days. The patient I go to cannot recover.

Monday, A. M.—I return to my old charge. "O, change, stupendous change!" A look of relief on the mother's face and a "I am so glad you have come," expresses all. I hardly know whether to pity or censure the old fashioned nurse as she ties up her bundle and departs. I take a whole day to tidy up the room, cleanse the nursing bottle (we had to resort to it) and wash the baby which is sore, chaffed; --its breasts are inflamed and I apply a drop of camphor and sweet oil at once. The mother has a sore breast, brought on by improper use of the breast pump; a small abscess has gathered near the nipple. Powdered the child with browned flour. By the physician's advice the child is now fed on diluted cow's milk. The mother is slowly recover-

ing from her relapse, and able to sit up a little again.

The closest imitation to the mother's milk is made as follows :

Dissolve a tablespoonful of loaf sugar in three cups of water, boil it down to two, then add one cup of fresh milk. Care must be taken not to give an infant *too much*; a child is injured more by being overfed than by not being fed enough. Because it worries and cries a little do not imagine that it is starving and must be immediately stuffed. As a general rule a healthy child, two or three weeks old, requires a pint of breast milk, or other equally nutritious food, during the twenty-four hours.

Infants should not be jolted or handled about after a meal.

If a nursing bottle is used, care must be taken to keep it perfectly sweet; wash it with *hot water* several times a day.

When feeding a child support it in an easy semi-recumbent position, upon the lap or arm. Keep it perfectly quiet at least thirty or forty minutes after it has been fed.

## SCARLET FEVER.

December 5, 18—.

Dressed in clothing that may be destroyed, I find myself quarantined in a bed room of a fourth story building at the bed-side of a little boy who has scarlet fever.



The temperature is  $102\frac{3}{5}^{\circ}$ , the child is very restless, the fever high.

Give medicines as directed. Turn the bed which faces the light around. Ventilate the room and keep the sufferer's lips moistened with water, have tied a cloth to a stick with which I swab the mouth.

Disinfect the room by wringing cloths out of the solutions prepared for the purpose, and hang them over chairs. The glands are very much swollen; an ointment is applied outwardly. Use an inunction of cosmoline to the whole body three times a day.

P. M.—Temperature  $101\frac{2}{5}^{\circ}$ . Urinates frequently. I use the glass urinal, do not wait for the child to make its wants known, he is too sick. Diet, toast-water, gruel, (arrow-root). Keep the room an even temperature, consult thermometer constantly.

The child must be closely watched night and day.

At last the fever reaches its crisis; the anxious mother awaits the physician's arrival with a dread apprehension; she has no communication with us. All that is needed is sent up on a tray and left at the door.

12 A. M.—There is a change, pulse and temperature much lower; the child takes a small portion of cracker soup.

I continue the inunction of cosmoline twice a day; the glands of the neck are still swollen; continue the use of the ointment.



11:00 P. M.—A movement of the bowels; obliged to leave the patient alone and descend three flights of narrow stairs in the rear. Throw a carbolated spray of water over my clothing, pour chlorine into the vessel and then make my descent. As the bowels are very loose, these journeys are frequent.

3:00 P. M.—Temperature  $100\frac{1}{3}^{\circ}$ . He begins to realize that mamma is not present; we will have a scene now; he tries to call, but the little voice is too feeble. I quiet him with a promise of a drum from mamma. Children are not apt to forget promises, so I must send for one. Shall have to be firm and kind; there is a constant rise and fall in temperature.

Quinine is added to the medicines. Milk toast and broths are given, also a sweet baked apple. Swab the mouth three or four times a day. Temperature  $99\frac{1}{3}^{\circ}$ . Have amused him by telling him a bear story; am in for it now. Recite the story of "Cock Robin and Jenny Wren" twenty times a day; I wish almost I had never known it; however there are two weeks longer that he must be kept in bed and amused. Sing little songs to him, build houses, etc. Now he wants a menagerie; fools-cap paper is sent up on the tray and left at the door. I draw the outlines, and then proceed to cut out dogs, cats, monkeys, foxes, tigers and lions, not forgetting Jumbo and the baby elephant. Proceed to pin them on the wall near the little one's bed. An old hen and chickens follows up the rear, and the boy

is happy. A pair of jumping Jacks, which I had the forethought to bring with me, completes the show.

Give him his first bath and change his garments. Use alcohol and water.

With an extra wrap around him he can now sit up in bed. The appetite is good; he craves food; even cries for it; generally for such things as he must not have.

The tray containing my meals is sent up and he asks: "What have you got; I want some, too!" A promised story pacified him *pro tem*.

To properly regulate the diet is a very important part of the treatment. Ordinarily the patient will care very little for food at the height of the fever. When, however, he desires something, he may be allowed to eat rice flour or arrow root gruel, tapioca, farina, toast water, ice water, or flax seed tea. A very refreshing drink is made by adding strawberry, raspberry or other fruit syrup to the cold water.

As he grows better and convalescence progresses, he may be allowed milk toast and very light broths. Too great attention cannot be given to the diet. Because the patient loudly complains that he is not allowed sufficient to eat, do not yield to his entreaties. It is of the utmost importance that the patient should not be allowed to go out of his room too soon, or be exposed in any way. Flannel should be worn next to the skin for a long time after the

attack. The greatest precaution is necessary in order to avoid the evil effects which this fever leaves.

### CATARRHAL CONSUMPTION.

January, 1883.

A hopeless case, yet the patient may live several weeks. Will do all I can and make her as comfortable as possible. She is a lovely woman; her beautiful blue eyes look imploringly to me for help. Although it is mid-winter, the windows are up as high as possible, and yet she must be fanned, for the fever is high. I bathe her frequently to reduce the temperature.

She is a mere skeleton, and I utter a prayer as I touch the emaciated form. My touch is soothing to her; no one but I can make the bed, or do anything for her.

She is very hopeful; intends to go south and amidst the orange groves regain her health again. "Will you go with me, she asks; you shall be one of us?" Hope, sweet hope, which gives freedom to the captive, health to the sick, victory to the defeated and wealth to the beggar, does not desert her.

Let her hope; she is a Christian and prepared to go to a land where the flowers bloom eternally and sickness and death are no more.

She expectorates profusely. I use cheese cloth and burn the cloths up when soiled.

Everything is done, but the fever increases and the patient grows weaker.

Medicines become obnoxious to her and I study to disguise them as much as possible. The appetite is good, and all she asks for is granted. Beef blood is ordered; I add milk and taste it first myself; she does not detect what it is; says it is good.

The weather is pleasant to-day and the patient longs to be about; she is restless; she is dressed and walks half way across the room. \* \* \* \* \*

Her physician is sent for; she realizes now that her end is near; she is conscious to the last and my ear catches the broken messages of cheer to her husband, parents and sisters. Her pupils in her Sabbath school class she remembers also. "Death loves a shining mark." Take charge of the corpse; get it in readiness for the undertaker, who is delayed. Gloves should be worn in handling a corpse; the hands washed in carbolated water afterwards. Tie up the chin, close the eye and shape the mouth; raise the head and shoulders higher than the rest of the body.

Cleanse the bowels with an injection; fill the rectum and vagina with cotton. Double a sheet and put it on like a diaper. The undertaker arrives; after putting on the undergarments, I leave the body to him.

\* I have been called upon to take charge of the motherless little one, a beautiful little boy of four months, who has been in grandma's hands up

to this time. I see at a glance what is about to take place; the eyes are fixed in one position; the whites only are visible. The face is distorted by spasmodic contortions of the muscles; the fingers are drawn into the palms of the hands.

I hasten to do all I can; prepare a warm bath and put the child into it; add a little mustard. Pour cold water on the head until the spasm is over. Wrap the child in blankets without stopping to wipe it off. Give an injection of sweet oil and castile soap when the child has rested awhile.

The physician's arrival confirms my fears; the case is hopeless; the child has not been well from its birth, and lives but a few hours longer.

The physician approves of the management, but human skill is useless.

The babe is placed in the coffin of the beautiful dead, who has been bride, wife and mother the short space of one year.

## LACERATED PERINEUM CERVIX UTERI.

March 4th, 1883.

This case differs from any that I have nursed before, inasmuch that there were two surgical operations performed instead of one—Cervix Uteri first.

The operation was a success, and the physician and nurse dismissed in due course of time. Imprudence on the part of the patient, who took long walks and climbed stairs, which she concealed from her physician, laid her low again.

She is extremely nervous, and during the last operation almost hysterical. All precautions must be taken in regard to chills; vomiting sets in from the effects of ether, and retching must be avoided. Bits of ice are given. A roll of several comfortable quilts is placed under the knees for a prop, and the knees are pinned together with a towel and safety pins, placing a compress between the knees to prevent rubbing.

The room is darkened, and after vomiting ceases I give deoderized tincture of opium at short intervals; 3.20 catheter; 7.40 beef tea, a small portion.

Carbolated douches given on a rubber bed pan.

10 P. M.—Hemorrhage from the uterus has taken place.

Physician was called to another patient, and may not return until very late. The patient is in danger.

I at once raise the foot of the bed, remove the pillow from underneath her head, and lay cloths across the abdomen, wrung out of ice water, until the rubber compress arrives which has been sent for. Fill the compress with small pieces of ice; not sufficiently full to make it heavy. Place flannel next to the patient, then cover the compress with flannel also.

11 A. M.—Patient is kept on opiates, as she must lie perfectly still. Douches of tepid water are given (carbolated).

Wednesday, 1.30.

Hemorrhages continue. Tampons of iron sulph. and small pieces of ice are to be inserted into the vagina.

The greatest care must be taken not to move the patient, on account of the stitches of the perineum; the clots also must be carefully removed from the wound, the stitching well syringed, then apply vaseline on absorbent cotton to the wound, pressing it with a pair of forceps closely about the stitches.

Catheter very painful; urethra very much inflamed; am careful not to let the urine run over the wound, therefore syringe well after every evacuation of the bladder. The less the catheter can be used the better.

Sponging with warm water over the urethra often encourages the flow; the dripping of water into a basin often assists encouraging a natural, almost involuntary evacuation.

The patient is very much reduced, as the hemorrhages continue. All the preventatives and remedies continued.

11.30 A. M.—Temp. 101°. Sulph. acid and quinine is added to the medicines; steak rare; add toast to her diet.

Milk and lime water is given as follows: 10.30, milk; 11, milk; 12.40, milk; 2.30, milk. Temperature low. Careful watching alone can carry her through.



Thursday, 16th.

The hemorrhage has ceased. Temp. 100°. Pulse 110. With careful feeding she will regain her strength. Oysters on the shell, with lemon juice. Opiates lessened.

The contracting of the wound is very painful; it does not look very well, but will hope for the best; there is less inflammation in the urethra.

Temp. 100 3-5°. Pulse 105.

Diet, egg nog, toast and beef tea.

Notice a rise in temperature again, renew ice compresses, and give a very warm douche. Find a place where the union is not perfect; shall look for a discharge which soon takes place. It can be overcome with faithful syringing and the use of cerates.

Saturday, A. M.

Catheter used for the last time. Things look hopeful; patient has borne up bravely. Stitches are to be removed in a day or two; move the bowels with injections of sweet oil, a tablespoonful at intervals of an hour each, until bed time.

Give a cathartic, and in the morning renew the oil and water injections.

Stitches successfully removed; keep the knees tied for a few days longer, but the patient may be turned from side to side.

April 12th.

Menstruation takes place. After this patient may sit up in bed, and gradually sit up in a chair.



Diet must be nutritious. Massage treatment is used daily, beginning with 20 minutes rubbing, and increasing the time as the patient becomes stronger.

Alkathrepta instead of tea or coffee.

Patient is up and around, speaks of going home, which she will be able to do in a few days. A successful issue of a long, hard case, amply repays me for my toil.

## PUERPERAL FEVER,

### OR CHILD BED FEVER.

April 10, 18—.

A very critical case, child still born; had been dead three weeks before delivery. A destitute woman, no home, could not be kept where she was confined, so was brought a mile and a half in a carriage, a day after delivery. I was sent for to take care of her; nothing had been done; it became a question of life and death.

The patient had been a robust, healthy, person. Fever high, breasts caked, blood poisoning had set in. Gave highly carbolated douches and put flax seed poultice across the abdomen; continued the same treatment night and day, without intermission.

Used the breast pumps three and four times a day, after which rubbed the breasts with alcohol and camphor. Aconite, as prescribed by attending

physician, to allay the fever. Bowels moved by cathartics. Only very light nourishment given.

Faithful watching and close attention to douches and breast pump, pulled her through, and she left us quite restored to her former health.

### CHRONIC INFLAMMATION OF THE BLADDER.

The patient is able to be up and around, but requires a great deal of attention; hot douches are given twice a day. The temperature of the water can be gradually increased. By the use of thermometer the heat may be regulated.

By placing a piece of absorbent cotton outside of the vagina and perineum, thus allowing the hot water to pass over instead of coming into contact with the parts, will ameliorate the burning sensation.

Paint the chest and abdomen with iodine mixed with alcohol, as directed by physician. As this stains the clothing, care must be taken in applying it.

Always set the bottle containing it on a saucer, or piece of stiff paste board, so as not to stain furniture.

Apply the mixture with a camel's hair brush; lengthen the handle by tying it to a stick.

Apply carefully only to those parts where it is needed.

## INFLAMMATION OF THE BLADDER AND RECTUM.

This proved a very long and tedious case; patient has not been able to walk for a long time; the disease is very painful; the neck of the bladder is dilated. Anæsthetics are administered, after which the two dilators are worn for one hour every morning.

Before inserting they must be carefully oiled with cosmoline; they are kept in place by a bandage fastened around the waist; a spoonful of cosmoline was also injected into the rectum through a tube. Sitz baths of two hours' duration each were given twice a day. I began the baths with the temperature of the water agreeable to the patient; covered the hips with a woollen blanket, wrapped around the patient, and firmly fastened to the tub; added water to the bath as hot as could be borne by the patient. This must be carefully watched; test the heat by a thermometer; cloths wrung out of cold water may be placed to the head, if the patient feels at all faint. Never expose the body to draughts; remove the cold water by working under the blanket; a vaginal douche was given while sitting in the bath, which helped to allay the inflammation of the bladder.

The treatment proved slow and wearisome to nurse, as well as patient, but "a constant dripping wears a stone."

## DIPHTHERIA.

In some cases the disease comes on gradually, while in others it is malignant from the first, and sometimes closely resembles scarlet fever. As it is contagious, nurses should use the greatest precaution. What is to be done must be done quickly, as soon as the child complains of the throat feeling sore, the neck stiff, and general exhaustion. It is a great mistake to put off sending for a nurse. I very much dislike to take a case. The first stages of the disease must be properly managed. By not using proper disinfectants from the outset, many a nurse has become a victim of the dread disease herself.

Watch carefully the temperature and pulse, which ranges from 120 to 150 per minute.

In cases of high fever, give the patient small pieces of ice.

Care must be taken by the nurse to inhale as little of the fumes as possible when standing over vessels in which the patient has vomited.

March 5, 1883.

Patient is delirious; pry open the mouth to give medicines. Swab the mouth frequently. Diet, milk, beef tea, egg nog and brandy.

Foot baths and spirit vapor baths given. For foot bath I use bath tub or any similar vessel. If the patient is very weak, use large pan; put it into

the bed, placing oil cloth under it; put the feet into it; put a quilt rolled up as a support under the patient's knees; stimulants may be added to the water, such as salt, cayenne pepper, mustard, etc. For a spirit vapor bath remove the patient's clothing; put on simply a night dress or wrap in sheet. Seat the patient on a wooden-bottomed chair; a board may be placed on an open-bottomed chair. Throw a large coverlid or blanket around him from behind, covering the back of the head and body, as well as the chair; pass another around him in front; pin at the neck. The blankets must reach to the floor so as to retain the vapor. Put two or three tablespoonfuls of liquor, whiskey, brandy or alcohol, in a saucer or tin vessel. Then light a piece of paper, apply the flame to the liquor and as soon as it burns, let down the blanket, which has been raised to light it. When consumed, put more liquor in as before, being careful to put *no liquor in while it is burning*. Continue this until the patient perspires freely, which will generally be in five or ten minutes.

Another very safe way is to fill the saucer or basin with common salt, then saturate with liquor and light; no danger of spilling the fluid.

If the patient feels faint during the operation, sprinkle a little water in his face and let him hold a little ice in his mouth. As soon as perspiration is profuse, wrap the blankets about the patient and put him to bed. After two or three hours remove

the extra clothing gradually that he may cease perspiring.

### PNEUMONIA.

Treatment: The patient is very chilly followed by a fluttering of heat. Rubbed with alcohol diluted with hot water; placed bottles filled with hot water about the patient. Hot drinks were administered and the room properly ventilated; pure air is essential. Severe coughing. Place flannels and a warm plate on the chest; do not raise the patient to expectorate, use pieces of cheese cloth. Placed hot flax-seed poultices across the chest, also not allowing them to cool; oiled the chest frequently with goose oil.

A. M.—Coughing severe, fever high, patient restless, apt to increase. Odors from the kitchen irritate patient's cough; obliged to stop up key-holes with wads of paper, Lemonade freely given.

Patient is not allowed to speak, merely nods in reply. With careful nursing, which in a case of pneumonia is as important as the medicine, the patient will rally in time.

Used the urinal and bed pan, avoided lifting the patient, or exposing the body to draughts.

### CEREBRO SPINAL MENINGITIS.

#### SPOTTED FEVER.

The patient, a boy of thirteen, returned from school complaining of feeling cold; within an hour's time became unconscious.

High fever ensued, pulse accelerated, purple spots appear on the surface of the body, lips parched and dry, the muscles become dry and rigid, and the head is drawn back. Stupor and deafness follow. Mustard poultices are placed across the stomach, and the body rubbed with stimulants. The patient is next wrapped up in a blanket wrung out of hot water, and hot water bottles laid on either side of the blankets.

A deadly odor made the use of disinfectants necessary. Medicines administered regularly as prescribed. Perspiration reduced the pulse. Urine carefully preserved for inspection.

At first the patient was constipated, but after cathartics had been administered stools were involuntary.

Cloths were kept underneath the patient and a soft rubber urinal attached around the waist.

The patient has come out of his stupor and is very sensitive to noise, screams at every sound, or at the least touch.

Lips moistened constantly with water and a little lemon juice.

Noise from the streets deadened by bark. Silence reigns supreme where a soul hovers between life and death.

Long, watchful, sleepless nights.

The patient recovers very slowly, improvement scarce perceptible.

I shall always remember the countenance of my

patient when he heard and recognized the bugle of the fish monger.

He must have fish, the fish was granted. It was carefully boiled and lightly seasoned.

Gradually recovering, he had to learn to walk again like a child; the hearing remained somewhat impaired for a long time.

Nurses must in fever cases note and report all symptoms to attending physician. When a patient is disposed to lie on his back all the time it is a sign of *muscular debility*.

If he manifests no desire to change position it denotes general prostration.

Picking the bed clothes, involuntary twitching of the muscles, during a protracted fever, is a sign that the patient is sinking.

Contraction and expansion of the nostrils denotes congestion of the lungs.

Usually the pulse beats five times during one respiration.

The normal temperature of the body ranges from 98° to 99° F.

The maximum from 1 to 6 P. M.

The minimum from 2 to 6 A. M.

The greater the deviation from this standard the greater the severity of the disease.

In the early stages of acute disease the animal heat is increased and should be diminished by bathing and cooling drinks.

In the latter stages of disease the temperature



becomes diminished and the condition of the system is favorable to congestions which are most likely to occur between 2 and 6 o'clock A. M., when the vital powers are lowest. The patient then becomes cold and feeble and he has what is termed a "sinking spell," and perhaps dies.

It is during these hours that the well trained nurse will be active in putting hot bottles to the feet, hot water at the thighs and armpits, and by rubbing, putting on additional covering, and by giving stimulating drinks, and her vigilance often saves the life of the patient. A nurse ignorant of these facts gets sleepy and inattentive at these hours, and the patient's life is jeopardized.

### PARALYSIS.

Paralytic patients are often very hard to handle, especially if most of the body is stricken. The first and second strokes are often not fatal, and the patient may live for years in a helpless condition.

The symptoms are often similar to apoplexy. The skin must be kept clean by sponge baths, and if the patient is not able to swallow food, enemas must be given. The use of electricity, massage treatment, are beneficial. The bowels must be kept open, giving injections of castile soap and sweet oil daily. Keep the patient's mind as cheerful as possible; don't hint another stroke, and hang it over him suspended by a single hair, like the sword of Damocles.

## MEASLES.

Mothers should know how to take care of their children when they have the measles. That they do not, is obvious from the fact that so many children are afflicted during a life-time with weak eyes or some other infirmity in consequence of ill-nursing during that time. The eyes, which are weak at that time, should be carefully shaded from the light.

Cold water should be given. The diet should be light, milk, cracked wheat, tapioca, toast water. My last experience was with a family of six children; they needed close watching in order to prevent them from taking cold by throwing off bed clothes. Medicines were given according to directions. Slippery elm and flax seed tea were freely given to allay the cough. The bowels were regulated by giving them roasted apples and the juice of stewed prunes.

For the itching, cosmoline inunctions. The run of the disease is usually from seven to twenty days.

## VALUABLE HINTS.

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The unpleasant feeling from etherizing, which often falls to the lot of the nurse, may be counteracted by using spirits of vinegar.

Nursing bottles may be cleansed by using shot and a little washing soda.

Medicines left in glasses should always be covered and set in a dark place; spoons should never be in it; wash immediately after using.

If there be a stationary wash basin in the invalid's room from which gases escape, throw some copperas into it, and let the water run a little if it does not annoy the patient.

Gas burners are very trying to a patient's eyes; darken the side towards the patient with a large palm leaf fan, or a newspaper.

The heat from the fire may annoy a patient; if so, a screen made of laths covered with stiff paper such as is used in deafening walls will answer the purpose very well.

Use a candle in dressing wounds, or when using the catheter.

The light may then be held as close as necessary without danger.

If a large quantity of crushed ice is needed, put it in a strong cloth and break against a stone or the side of the house.

If the patient wants a piece, take a large shawl or hat pin, with which ice two feet thick may be cut as a diamond cuts glass.

Knit shoes that come up over the ankle, with felt soles, are easy to put on, and very warm, should be worn by the nurse.

Hoarhound syrup is made by taking a good pinch of the herb, add three teaspoonfuls of water, sweeten with honey, add the juice of half a lemon.

Brushes are cleansed by putting a few drops of aqua ammonia into the water.

Nurses are refreshed when exhausted by a camphor bath, using the flesh brush.

Cocoanut oil should never be used unless strictly fresh. Allow the physician to inspect it if at all doubtful.

Never use your fingers when forceps can be used.

In cases of violent nose bleeding, place a piece of brown paper, paper such as is used for wrapping, under the upper lip; let the person hold it there firmly.

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For burns weak alum water is a useful remedy.

A child's clothes should be light and loose. Flannel should always be worn over the bowels. Keep its mouth washed to prevent brash; use tepid water.

Never try to bend the body or straighten the limbs of a child while in a spasm.

Never put hot water to the head.

Sponges for use at all surgical operations should be perfectly new and scalded with hot water until all the sands are washed out. Then rinsed with hot water.

Use thread No. 36 to tie the umbilical cord. Binders twelve inches in width; compresses underneath the size of a towel.

If necessary that evacuation be left for inspection of physician, remove it from the patient's room, cover and set in cool, dark place.

Never annoy a patient with useless brushing and dusting. Have a place for everything clean as you go. Spend your spare time in amusing the patient, arranging a bouquet, or changing the position of a picture, etc. Useless noises should be avoided in the sick room, such as squeaking doors or shoes. Handling coal is very irritating to a nervous person. Announce to the patient that you are about to replenish the fire. Do not startle with unexpected

noises. If very sick, do the coal about to be put on up in paper; then put in at once without noise. Doors and chairs may be oiled. These are small things, but out of them spring great evils.

Never wipe on the patient's towel.

Nurses will find the pallet knife used by artists handy in spreading salves or cerates on cotton or lint.

Nurses should take a proper quantity of food, a good bath, and sleep in a warm bed in a cool room.

If a pus-pan cannot be had in dressing ulcers and abscesses use absorbent cotton to take up the discharges and water.

In preparing a patient for an operation dress the feet in buttoned shoes; they keep the ankles warm—bare feet are out of the question.

Chills may be prevented by having plenty of hot water ready in bottles to put around the patient.

Never use cold applications without laying flannel of several thicknesses underneath to prevent a sudden chill.

Bottles washed in suds and rinsed in alcohol, are ready for use again.

Bottled beer, porter, wine, or any bottled drinks, should be placed in cold water, if there is no ice box or cellar.

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The temperature of a healthy body is 98°. Sweating will open pores and often break up a fever.

Two tablespoonfuls of the compound spirits of ammonia added to a basin of water will remove the unpleasant odor of perspiration and leave the skin clean and fresh.

Sun baths are of great value to patients and convalescents.

Expose the back to the rays of the sun in a sitting or reclining position.

A good deal of attention should be given, by the nurse, to keep her hands nice and soft. A coarse, harsh hand is irritating to a patient.

Changing from hot to cold water is very trying to the hands. Sweet oil rubbed thoroughly into the skin and washed off with white castile soap in the morning is very beneficial. Glycerine with a few drops of carbolic acid is nice for red hands.

The use of an electric brush will often cure a severe headache.

Bathe a broken limb with flannels wrung out of hot water, stretching on a marble slab or table, and send for physician.

Oil cloth aprons are the best when assisting at a surgical operation; they can be cleansed in carbolated water.

Study the arrangement of flowers; put them into pretty vases; if they have short stems, into a glass dish, saucers or plates; add salt or bicarbonate of soda to the water, they will keep longer.

To fill a dish with sand or moss is also a nice way, keeping it moistened.

A flannel bag filled with salt, heated quite hot, will relieve tooth ache, neuralgia or any disease in which warmth is requisite.

Clear, cold coffee will often allay vomiting.

A soothing effect, where the patient is nervous, may be produced by immersing the hands in water, or letting water drip on the wrists.

Canton flannel napkins are best for infants; they are soft and the infant is less liable to take cold.

Headache, if caused by some derangement of the stomach; is often cured by taking a teaspoonful of powdered charcoal.

Nurses should partake of a mid-night luncheon when up all night.

The skin and pulp of a raisin is good for tender nipples, also, a wash of borax. It is well to wear a piece of crash towel next to the breast, it serves to harden the nipple.

A child's mouth should be washed immediately after nursing, with a soft piece of cloth. It prevents thrush.



The antidote for poisonous food is an emetic of warm water, with mustard or common salt in it.

Do not delay an operation by any neglect of duties on your part.

All visits to the sick room should be made in the morning while the patient is fresh.

Cleanse a wound thoroughly; the smallest foreign substance often produces serious results. Bleeding from a wound may often be checked by applying a piece of ice to it.

Open the lower windows frequently to secure proper ventilation.

A sick headache is often cured by taking a piece of lemon, or a teaspoonful of the juice before eating.

Do not imagine your duty done when the patient is out of danger, it is then that it begins.

Select a room for the sick with grate or fire place in it if possible. In summer a lighted candle set in serves to carry off foul odors.

A hot room may be cooled by wringing out sheets and hanging them over the windows and doors; this process is resorted to in India.

One hour of sleep to a patient is worth more than all the medicines.

A nurse may lighten her burdens by keeping on

the good side of the servants. She should be careful not to make them useless work.

Any person waiting on the sick should be able upon the first visit of the physician to give an intelligent idea of the progress, if any, of the patient, whether the fever be of a remittent or intermittent character. Also symptoms of chills as found or absent; their frequency. Perspiration, cold or warm. Aches in any part of the body. Temperature. Time or space in which the symptoms have existed.

Water kept in a room any length of time is unfit for use.

Avoid shocks; do not bathe in cold water when the body is very warm; regulate the temperature to the condition of the patient.

Cleanse the ears with a soft cloth; never use anything sharp.

In case of fainting, place the person perfectly flat on the back, so that the head may be below the level of the body. Fainting arises by a lack of blood to the brain and inaction of the heart.

A kerosene lamp should never be turned down in a sick room, the combustion is not perfect and the atmosphere becomes vitiated by the unconsumed oil vapors.

The temperature of a new born babe is  $98\frac{1}{2}$  degs. A nurse should bear this in mind and not give an infant a bath in a room of 50 degs. Never use anything but safety pins about a child's clothing.

Bruises on the fleshy part of the body generally cause very little trouble; but sprains about the joints are sometimes very serious. The first thing is to avoid inflammation. Keep the joint cool by showering cold water on it. Wrap the joint in cloths saturated with salt water. If an artery has been severed and blood comes out in jets or leaps, tie a handkerchief around the limb by two corners, put a stick between and twist it to stop the bleeding; meanwhile send for physician.

If red flannel night gowns are to be worn next to the skin, especially in surgery, it is well to have them washed, as the coloring often irritates the skin, and becomes the source of great discomfort.

A child does not suffer for want of food for six or eight hours after birth.

Milk, if given to invalids, must be perfectly fresh.

For costiveness knead the bowels lightly; for distension wear bandages.

Many children become slightly hump-backed or round shouldered in consequence of sleeping with the head raised on a high pillow.

A professional nurse who performs the duties of

her calling simply for remuneration, must be to the sick a disagreeable person; but if one fulfills her blessed calling for the love of the work, she becomes indeed a ministering angel in the guise of a working woman. Sympathy is a divine attribute which none of us possess in too eminent a degree.

If you are the invalid's attendant, you may often be wounded by reproachful, harsh words, or peremptory orders. Indignities may at times be offered, bear in mind that if your calling does not ennoble you, you may almost sanctify it by doing your duty well.

Steak preserved on ice for several days is improved; becomes more tender.

The disagreeable tickling in the throat, the hacking cough and even bleeding at the lungs is ameliorated by one or two pinches of salt.

The use of animal food enriches the blood.

Hiccough is relieved by administering a lump of sugar saturated with vinegar.

Little children should not be encouraged to walk too early; the weight of their bodies is great for the limbs.

Invalids and aged people should exercise before eating, in order to aid digestion, and promote appetite.

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Lemon tea will sometimes relieve hay fever; add flax seed to it.

Sick persons are not all alike and the peculiarities of each must be studied. Listen to a patient's vagaries, but do not encourage them.

Hope is one of the best tonics.

A substitute for sea bathing is obtained by adding sufficient sea salt in a bath tub of water; it should be rain water. The salt can be had at any first class drug store. It comes in pound boxes.

The patient's teeth should be kept clean by the nurse. Spread a towel under the chin, have ready a glass of tepid water, with a glass tube; brush lightly, rinse the mouth. If the patient is too weak wipe the mouth and teeth with small towel or soft sponge. All medicines that tarnish the teeth should be taken through a tube.

A nurse's pin ball is made by cutting two round pieces of velvet, filling the sides with emery. Then cover with velvet, join the two parts together with cross-stitch, put pins all around, and suspend to the belt of the apron or girdle.

The needle used in hypodermic syringe may be sharpened and brightened by the emery in it.

## POISONS AND THEIR ANTIDOTES.

In cases of poisoning the *first* thing to be done is to produce vomiting, so as to eject the poison from the stomach as soon as possible.

Tepid water drank in large quantities and often repeated will produce vomiting.

Snuff or mustard mixed with salt, or mustard mixed in warm water and drank freely.

Tickling the throat with straw or feather.

Poisoning by clams, lobsters, etc., give an emetic, followed by a dose of salts. Let the patient drink freely of strong coffee, sugar and water, or a solution of camphor.

When a person has been rendered insensible by poisonous gases he should be stripped at once and cold water dashed over the body. Fill the lungs with fresh air, and treat as a person under apparent death from drowning. Give stimulants, brandy or wine.

In poisoning by camphor give black coffee.

Nitrate of silver may be neutralized by drinking freely of common salt dissolved in water.

In poisoning by tin, or any salt of tin, use sugar, white of egg, milk and flour.

In poisoning by tartar emetic give very strong tea.

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In poisoning by aconite give stimulants, whisky, brandy, externally and internally.

In poisoning by arnica give vinegar.

In poisoning by opium, belladonna, nux vomica, morphine, laudanum, etc., give an emetic, followed by cold water dashed over the person, and strong coffee or vinegar diluted with water.

The person should be made to walk rapidly between two persons.

If insensible, rub, pound, roll. The stomach pump should also be used.

Poisoning by acids, such as sulphuric, nitric, muriatic and phosphoric acid, use soap suds or wood ashes.

In poisoning by lead, or any salt of lead, give large doses of epsom salts or plaster of Paris mixed with water.

Iodine may be neutralized by starch, wheat flour, or arrow root taken in large quantities. This may be followed by a mixture of vinegar and water.

## WEIGHTS AND MEASURES.

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fl m j—One minim. This is the smallest drop and may be accurately obtained by dropping from a hypodermic syringe.

gr j—One grain.

℥ j—One scruple=20 grains.

ʒ j—One drachm=60 grains.

℥ ss—Half ounce=4 drachms.

℥ j—One ounce=8 drachms.

℔ j—One pound=16 ounces.

fl ʒ j—One fluid drachm=60 minims.

fl ʒ ss—Fluid half ounce=4 fl drachms.

fl ʒ j—One fluid ounce=8 fl drachms.

fl O. j—One pint=20 fl ounces.

fl G. j—One gallon=8 pints.

A common sized wine glass holds half a gill.

A common sized tumbler holds half a pint.

Four common sized tea cups of liquid are equal to one quart.

A drachm is equal to one teaspoonful.

Two drachms are equal to a dessertspoonful.

One-half ounce is equal to a tablespoonful.



## GLOSSARY—QUESTIONS.

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1.—How do you count the pulse, and what are the number of beats per minute?

2.—How many respirations are there per minute, and how should they be taken?

3.—What is the normal temperature of the body in health?

4.—Where should the temperature be taken?

5.—When is the most accurate time to take the temperature?

6.—Why should temperature be taken?

7.—Give a diagnosis of the appearance of the tongue in disease?

8.—Describe the tongue in tubercular disease?

9.—The tongue cleaning from the edges denotes what? From the middle? If raw or dark colored?

10.—What is the aspect of the face in abdominal and venal diseases?

11.—What are the marked expressions of the face in diseases of the brain?

12.—Define the difference between diarrhœa and dysentery?

13.—Locate the kidneys and their use?

14.—Mention some of the foreign substances found in the urine.

15.—In cases of vomiting how should it be noted and reported?

16.—How should expectoration be noted and reported?

17.—In administering food what should be observed?

18.—Define a wound. What is proud flesh?

19.—How should a wound heal?

20.—What are the favorable signs of an abscess wound?

21.—Define healthy wounds?

22.—When do wounds indicate extreme danger?

23.—How may pus be divided and defined.

24.—Define enema. What should be the temperature of an enema?

25.—Do anesthetics reduce the temperature?

26.—What precautions are necessary at an operation.

27.—How may bed-sores be prevented?

28.—How may stains be removed from the skin caused by the use of adhesive plaster?

29.—In syringing a deep cavity how may the force of the water be moderated or broken?

30.—Define antiseptic; mention some antiseptic dressings.

31.—What is the abdomen, and what does it contain?

32.—Define acute.

33.—What are anodynes?

34.—What are aperients?

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- 35.—What is the medical term for long duration?
- 36.—What is the chemical term for water?
- 37.—Define circulation.
- 38.—Define compress.
- 39.—Define coma.
- 40.—Define crisis.
- 41.—Define decoction.
- 42.—Define diabetes.
- 43.—Give the medical term for recognizing symptoms.
- 44.—Define diphtheria.
- 45.—What are the most dangerous symptoms of diphtheria?
- 46.—How may an amputated limb be supported?
- 47.—In chicken-pox what is the period of incubation?
- 48.—Where does the rash or eruption show itself? What is the run of the disease? What are the after effects?
- 49.—Define the term malignant.
- 50.—What are the distinctions between measles and scarlet fever?
- 51.—What is the period of incubation in scarlet fever?
- 52.—What the period in measles?
- 53.—What is the temperature?
- 54.—State the temperature in scarlet fever.
- 55.—Where does the eruption first appear in measles? In scarlet fever?

56.—What are the evil effects of scarlet fever?  
Of measles?

57.—How may hemorrhage of a limb be arrested?

58.—What is a tonic?

59.—Define typhoid fever? How may it be distinguished from typhus?

60.—How may poison be taken into the system?

61.—How many cubic inches of air does a healthy man consume in a minute? In twenty-four hours?

62.—Define the difference between venous and arterial blood?

63.—How is a room best ventilated?

64.—When burns occur near a joint what should be taken to prevent contraction?

65.—How are leeches applied?

66.—Define tenismus?

67.—What is a probe?

68.—What is a pessary?

69.—Define a tent?

70.—What is the name of a surgical instrument used in examining the bladder?

71.—Define a speculum? A scalpel?

72.—Name some of the dangers connected with obstetrics?

73.—What should be done in cases of apparent death of a new born infant?

74.—Give the comparative facility of digesting articles of diet? viz: rice, sugar, tapioca, barley, stale bread, new bread, cabbage, oysters, salmon, venison, beef, roast pork, raw eggs?

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75.—Of what chemical elements is the human body composed? How many are there?

76.—Define paroxysm?

77.—How should purgative medicines be given?

78.—What precaution must be used in bandaging a foot or arm? A new born babe?

79.—In the absence of a syringe how may an enema be given?

80.—Mention the several forms of enemas?

81.—In opening and dressing felons, abscesses, and wounds, what is of vast importance?

82.—Define chlorine gas?

83.—Define caustic?

84.—What is croup?

85.—What can be done in cases of persistent vomiting?

86.—Define rheumatism and gout?

87.—What are varicose veins?

88.—State the symptoms of an overdose of the following medicines, viz: Opium, strychnine, arsenic, carbolic acid, belladonna, chloral, mercury?

89.—Define menorrhagia?

90.—In cases of profuse menorrhagia what means should be resorted to?

91.—Mention some of the disorders connected with pregnancy.

92.—In giving baths what precautions are necessary?

93.—What should be done in case of fainting?

94.—What color of flannel is best adapted for infants' wear?

95.—When is the most favorable time to wean a child?

96.—How are obstructions removed from the ear?

97.—How may sleep be produced without the aid of medicines?

98.—How should a frozen ear, toe, or nose, be treated?

99.—How may corpulence be reduced?

100.—Define congestion.

101.—Name the worms that infest the human system.

102.—Define incysted tumors.

103.—Locate the heart.

104.—Locate the spleen.

105.—What is the medical term for fevers?

106.—What are the leading qualities of a good nurse?

107.—Is nursing a paying profession?

108.—What is the acceptable age for candidates?

109.—How is instruction given to nurses in the training schools?

110.—What is necessary for a person to do in order to gain admission to a training-school?

111.—What is the time of service?

112.—Do nurses receive any remuneration during the time of probation?

## GLOSSARY—ANSWERS.

1.—In a healthy person the pulse beats from sixty to eighty per minute, with even force and volume. In counting the beats the three fingers should be laid lightly on the artery, so that the artery may beat against them.

2.—There are sixteen per minute, beating evenly and gently; they should be taken by placing the hand on the chest just below the breast bone, counting the respirations; be governed by the eye as to the nature and style.

3.—It varies from  $98^{\circ}$  to  $99^{\circ}$  and may register 100.

4.—In the mouth underneath the tongue, in the rectum, or the arm pit, which registers  $1^{\circ}$  less. The register should always be shaken down to  $95^{\circ}$  before taking the temperature of a patient.

5.—In the morning before 9 o'clock and in the evening between five and six o'clock, but it may be taken oftener if desired.

6.—Its use is indispensable as the temperature of the body is of great value in infectious diseases, and wherever there is any danger or suspicion of an eruptive fever in incubating. In case it registers  $100^{\circ}$ , isolation would be in place.

7.—Watch steadily the mode of protruding it; a one sided movement indicates paralysis, a tremulous movement indicates fever, also cerebral disease.

8.—In tubercular its appearance is often bright red, glazed, hard and dry, dangerous prostration when it changes to a brown or black hue. In bilious fever it is covered with a yellowish coating and a white coating in cases of inflammatory diseases; in scarlet fever a white coating dotted with red resembling the color of strawberries.

9.—Rapid recovery. Interrupted, tedious, the progress is not good, especially if the crust formed is readily removed and leaves a raw surface.

10.—The eyes are keen and hollow, the jaws and cheeks are thin and sharpened, the look pinched, and the face wears a starved expression.

11.—The gradual creeping on of unconsciousness in the acute stages, the want of speculation in the eye, expression of pain, the brows are knit, the absence of soul in the whole face; in the chronic form stupor, a dull expression of the eyes, lethargy and an unmeaning smile, want of light.

12.—Diarrhœa is a slight catarrh of the bowels, uncontrollable desire to stool, which is sometimes accompanied by pain. Dysentery is a serious catarrh of the bowels attended with great pain and prostration. The evacuations are streaked with blood and contain mucus. In serious cases the passages are involuntary.



13.—Two organs situated in the lumbar regions on each side of the spine secreting the urine.

14.—Albumen in scarlet fever, dropsy, diphtheria and diseases of the kidneys, blood in inflammation of the bladder, sugar phosphates in diabetes.

15.—Whether it consists of undigested food, phlegm, bile or blood. In some cases it has the appearance of coffee.

16.—Whether easily coughed up, if offensive, whether streaked with blood or of a rust color.

17.—If it causes discomfort, nausea or vomiting; pain if easily satisfied, craving, fickle, or taken with a relish.

18.—An external injury to the soft parts of the body. Granulations that are brilliant in color, marked and puffed in appearance.

19.—Slowly from the bottom.

20.—When the wound begins to pucker and the center of the abscess to depress.

21.—When the edges unite at once or when the wound opens, pus is secreted, the process of repair is carried on by granulations not too marked.

22.—When of a livid, purplish hue and a dead inactive appearance.

23.—Matter, the result of inflammation divided into laudable or healthy pus of whitish green, moderately thick, not offensive; ichorous or unhealthy pus dark brownish green, containing shreds of tissue and fibrous, clotted and offensive. Caseous consisting of thick clots, stringy like curds, not

easily discharged from the cavity, and purulent or offensive pus of a dangerous character.

24.—Food or medicine in a liquid form, thrown up into the bowels,  $96^{\circ}$  to  $100^{\circ}$  or about the temperature of the body, never below it, observing to expel the air by warm water and oiling the tube.

25.—They do.

26.—The head of the patient should be raised, and the body laid in a convenient posture, the throat open and free, observing to expose as little of the body as possible, the temperature of the room being from  $65^{\circ}$  to  $70^{\circ}$  even heat.

27.—In some cases they are almost unavoidable where the skin becomes weakened and stretched over the large joints of the body and gives way, and the cartilaginous structure over the bones are exposed, otherwise they show shameful neglect. Thoroughly drying the skin after washing, by not allowing adhesive plasters or bed clothes to wrinkle, and by brushing all particles of crumbs from underneath the patient. To avoid pressure use the rubber bed pan, or cushion pillows made of hair; oakum, shredded pads of cotton, with circular hole for props are useful. Water mattresses are the best in paralytic cases, but as they are expensive thick sheep skins may be placed underneath the sheet. Peruvian balsam is a good dressing, spread on lint evenly with a pallet knife.

28.—By using turpentine.

29.—A piece of soft rubber tubing may be fastened or drawn over the end of the syringe.

30.—A medical term used for any substance having the property to prevent putrification, carbolized gauze, charcoal poultices and oakum.

31.—It contains the internal organs of generation, the large and small intestines, etc. It is the largest cavity in the body.

32.—A medical term applied to a disease attended with violent symptoms.

33.—Medicines to allay pain.

34.—Medicines which act gently on the bowels.

35.—Chronic.

36.—Aqua.

37.—The movement of the blood through the veins and arteries. The impure blood is brought by the veins to the heart, by the heart it is driven through the lungs where it is converted into bright arterial blood, again returning to the heart to be driven through the arteries to the extremities.

38.—A soft pad folded, used to make pressures on any part of the body.

39.—An unnatural state of insensibility; sound sleep.

40.—A sudden change in acute diseases.

41.—A preparation made by boiling in a fluid.

42.—A disease of the kidneys attended with an immoderate flow of urine.

43.—Diagnosis.

44.—A contagious disease affecting the mucous

membrane of the mouth and throat, often depositing a false membrane on mouth on fauces, attended with great depression.

45.—Danger from suffocation, also paralysis.

46.—By using a support of about 3 or 4 lbs. weight over the foot of the bed, and fastened to the stump by a cord or strap, this will avoid the distressing starting.

47.—About 14 days.

48.—On the trunk in isolated spots, thence spreading over the entire body. About a fortnight. The critical days being the third and ninth. Weak eyes.

49.—A term applied to fevers and growths to describe the deadly nature of the disease.

50.—Measles are always preceded by catarrhal symptoms, cough, running from the nose, sneezing etc., which does not take place in scarlet fever. In scarlet fever, the rash is smooth to the touch, and is spread over the whole body, and of a bright color resembling a boiled lobster. In measles the rash appears in spots resembling flea bites which are slightly elevated from the surface and in patches resembling the shape of half moons. The eruptions are not as bright as in scarlet fever, being more of a raspberry hue. In scarlet fever, the rash makes its appearance on the second day, and is always accompanied by sore throat.

51.—It varies from three to ten days.

52.—About two weeks.

53.—From  $100^{\circ}$  to  $102^{\circ}$  and in some cases it has reached the temperature of  $103^{\circ}$ .

54.—From  $100^{\circ}$  to  $104^{\circ}$ .

55.—On the neck and face. On the chest and back and in passing the hand over the skin the blood rushes back to it. The tongue is dry and of a mahogany color.

56.—Inflammation of the internal ear, from which there is a purulent discharge, resulting in partial or entire deafness, scrofulous swelling of the glands of the neck, chronic inflammation of the eyes, dropsy which may affect the head, chest or the whole body, (this generally takes place the first month;) sometimes the poison settles in the joints causing rheumatism, bronchitis, pneumonia and weaklungs.

57.—Sponge the wound with cold water so as to see clearly from whence the blood comes, then moisten absorbent cotton or a sponge, press firmly on the wound; if it comes from an artery it will spurt out. If the wound is so situated that pressure can be made, do so by placing a pad or compress over the wound and bandage the limb firmly, the bandage should be between the heart and wound. If this does not stop it, astringents must be used, such as tannic acid, perchloride of iron, or gallic acid. In case of a divided artery, place a finger on the spot; the patient should be kept very quiet, till the physician arrives.

58.—A medicine to strengthen or give tone.

59.—Typhoid fever is a disease of a contagious character, the result of poison introduced into the system by foul air, improper food and ill ventilated rooms. It has an eruption of rose-colored spots disappearing on pressure, great prostration. The poison introduced into the system causes great intestinal disturbances and extreme emaciation. The eruption fades in two or three days; diarrhœa of a brick dust color, tenderness and swelling of the abdomen. It runs its course in about twenty-eight to twenty-nine days, the same as in typhus which is a mere putrid fever assuming the form of spotted fever, caused by dense, ill ventilated habitations, poverty and foul air. This disease sets in with vomiting, weariness, shivering, pain in the head and back, delirium; the eruptions differ from typhoid, being brown, small and close together on the trunk. The stools and urine dark and offensive. In some serious cases the brown spots run into livid blotches; the pulse is very rapid.

60.—Through the lungs, by inhalation, through the skin or by the anus, or by swallowing.

61.—About 32 inches—46.037 in.

62.—One has been exposed to the air from whence it has drawn its supply of oxygen, the other has parted with the oxygen.

63.—By lowering one-half window about three inches from the top, or by having one or more of the window panes perforated.

64.—Keep the part extended during the formation

of the cicatrix, for it will form a band, causing a great deal of trouble and pain, besides disfiguring; if it occurs in a limb, a weight might be attached.

65.—If they do not bite readily, leave them out of the water; handle them carefully, having the hands cold; they may be induced to bite by using a little blood, and sometimes milk or porter. Avoid placing them on a vein, as it is often difficult to control the bleeding. Do not disturb them while they are settled, or try to pull them off, as a tooth may be left in the wound. They will drop off when satisfied. When they drop off have ready a basin of cold salt water, a sponge, lint and strappings. The leeches may be used again by dropping them into a basin of salt, as they will vomit the blood. Place a piece of ice on the wound to stop the bleeding if profuse; if necessary use styptics. It is dangerous to apply them to the mouth, rectum or vagina, without the use of a proper glass used in leeching.

66.—A constant desire to evacuate the bowels without any discharge, and accompanied with straining.

67.—A surgical instrument used for exploring wounds.

68.—An instrument made of wood, glass, ivory or gutta percha; it is used in supporting the uterus.

69.—A roll of lint, sponge or sea weed, used for dilating an opening

70.—A sound.

71.—A funnel-shaped instrument, used for view-



ing internal parts or distending their openings. A knife used in dissecting.

72.—Hemorrhage, laceration and puerperal fever. Lacerations are common and should be guarded against.

73.—Place the child in such a position that the circulation will be unimpeded, cleansing the mouth and nostrils, wrap the body in soft, warm flannels, proceed to rub the spinal column, hands and feet with the palm of the hand; this will hasten circulation. The cord may then be cut and tied. If no signs of life are manifested put into a warm bath to which spirits may be added; continue the rubbing. Pour cold water upon the chest, or inflate the lungs with artificial air. Place a silk handkerchief over the infant's mouth, close the nose and breathe evenly and gently; when inflated compress the chest gently. Electricity may be resorted to by placing one end of the pole to the upper part of the spine, the other pole at the breast bone.

74.—Boiled rice, one hour; sago, one hour and forty-five minutes; tapioca and barley, two hours; stale bread, two hours; new bread, three hours; boiled cabbage, four hours; oysters, two and one-half hours; venison chops, one hour and a half; beef, three hours; roast pork, five and one-quarter hours; raw eggs, two hours. The above is the time required for a healthy person.

75.—Fourteen, viz: Oxygen and hydrogen gases uniting to form water, carbon which gives heat, ni-



trogen which makes muscle and gives strength. The brain and nervous system receives vigor and vitality from phosphorus; calcium or lime found in the bones, chlorine and sodium, which united form chlorate of sodium or common salt; iron, which gives color to the blood; sulphur-fluorine, potassium, magnesium and silicon.

76.—A sudden and violent increase in the symptoms of any disease.

77.—On an empty stomach.

78.—A bandage perfectly applied should feel firm to the grasp, have no wrinkles, the turns should be made in the center of the limb and at an even distance from the folds. When applied over dressing it should not be very tight as it will cause pain.

A tight bandage around an infant should never be allowed to impede circulation and development of the body. Uneasiness is caused by tight bandaging.

79.—By placing one end of an india rubber tube into a jug and raising it high. This may be used in cases of emergency, where a quick action of the bowels is necessary and a syringe is not at hand. The enema should always be of the temperature of the body.

80.—The simplest is of warm water and castile soap, of about a pint in quantity; glycerine and castor oil may be added. Castor oil, turpentine and salt to the quantity of water are used to promote action of the bowels.

For conveying nutriment to the body egg nogg may be used; also, beef tea, brandy with arrow root, port wine; the preparations are one egg to two ounces of port wine, or one of brandy. Gruel may also be given. To allay pain enemas of opium of about 15 to 20 drops are given with starch.

81.—The thorough cleaning and dipping of instruments required in dressing and removing the pus, use solution of carbolic acid of at least 100 per cent.

82.—An antiseptic agent used to disinfect.

83.—A substance which destroys tissue like a burn.

84.—A cough of a noisy character, inflammation of the wind pipe and suffocation. As this complaint comes on very suddenly medical aid must be summoned at once.

Let me give a few hints in cases of sudden emergency. Place the child in warm bath, but before doing so give an enema of castile soap and water, also an emetic of warm water and mustard, or salt and tepid water. The idea is to cleanse the stomach and throat and to get up a free action of the skin. After this takes place, remove the child from the bath, keep the throat warm by putting flax seed poultice on it and covering with flannel wrung out of hot water. Sponges wrung out of hot water will often allay spasms.

85.—Small pieces of ice may be given where blood is vomited. Cloths wrung out of ice water and vinegar may be placed on the pit of the stomach. Soda water; champagne may be given where

blood is not vomited. The patient must lie flat on the back.

86.—Gout is a painful disease in the joints, mostly in the hands and feet, affecting the internal organs. Rheumatism is a disease of the blood, affecting the muscles and joints. The joints swell, are acutely tender and very stiff. The disease is often attended with fever in the acute form, affecting the internal organs.

87.—They are diseased veins (chiefly those in the leg) which become extended and knotted, impeding the circulation of the blood. This is a disease common in pregnancy.

88. — From opium, uncontrollable drowsiness, coma and contracted pupils. Strychnine, cramps, involuntary twitchings of the limbs, spasms of the throat and aching of the back. Arsenic, vomiting, constipation, pain in the stomach, burning heat of the mouth and fauces. Carbolic acid, burning heat of the mouth, throat and stomach, and intense pain across the abdomen. Belladonna, pupils dilated, sight dim, throat and mouth dry, purging, stupor, giddiness and pain in the head. Chloral, failure of heart action, cold extremities, stupor. Mercury, a sudden flow of saliva, the gums spongy, teeth loose, cramps, green evacuation from the bowels.

89.—An immoderate flow of the menses.

90. — Cloths wrung out of vinegar and water should be applied to the abdomen, or ice compresses laid across it. Vaginal douches of tepid or cold

water. The head should be lowered, the hips raised, or blocks may be put under the foot of the bed; in extreme case, tamponning or plugging must be resorted to; absorbent cotton or strips of linen may be used. Stimulating drinks must be avoided, also mental excitement.

91. — Morning sickness, varicose veins, piles, swelling of the feet, constipation, toothache, diarrhœa, heart-burn, sour stomach, palpitation of the heart, cough, hysteric fits, incontinence of urine, hemorrhage, miscarriage.

92.—First, the sanction of the attending physician is absolutely necessary. Second, the temperature of the water required in giving the bath should be 90° to 92° for a warm bath. Third, do not leave a patient alone in a bath, as weak and delicate are apt to faint. Fourth, have in readiness the patient's slippers, as the feet should always receive the first attention; next, a warm blanket should be thrown around the entire body. Fifth, in giving an alcoholic bath, be careful to shield the legs from the heat of the alcohol lamp. This is done by placing blankets of suitable thickness on the chair or stool, and letting a portion hang down. Sixth, giving an internal bath or douche; the heat must be governed by the feelings of the patient, which may be gradually increased.

93.—The patient should be laid flat, with the head depressed below the feet; the clothes around the throat and chest loosened; plenty of fresh air

should be admitted around the patient. The face and chest may be sponged with cold water ; if this does not suffice, and fainting is a want of blood to the brain, a direct current may be sent by raising the body by the feet ; mustard poultices may be applied to the feet if the fainting is caused by hemorrhage. If caused by hemorrhage, avoid stimulants ; otherwise administer them.

If fainting is caused by anæsthetics, keep the *head very low*.

94.—White flannels.

95.—In the spring or fall of the year. This may take place between twelve and eighteen months.

96.—Syringe the ear with warm water. Do not attempt to use anything sharp or blunt unless it be a thin silver wire made in shape of a hoop. While using syringe lie on the side of the head with the ear down ; use oil.

97.—A warm bath may be taken about ten or fifteen minutes before retiring. Use the flesh brush briskly for about twenty minutes. The eyes should be kept closed.

98.—Do not go near heat, but apply at once snow or ice water. If this is not done there is danger of mortification. After the frost is drawn out apply warmth gradually. Anoint with vasoline or cosmoline.

99.—Do not eat fattening food and never quite satisfy the appetite ; sleep only five to six hours, on a hard bed ; a daily use of the flesh brush, espec-

ally over the joints; this will render the flesh firm and hard.

100.—An undue accumulation of fluids in their proper vessels.

101.—The stomach worms, tape worm and the pin worms. The stomach worm often causes convulsions and fits. The tape worm infests the intestines, takes up the most nourishing part of the food. Pin worms are always found in the colon and anus. Children suffering from them are restless, starting suddenly in their sleep, gnashing their teeth, fetid breath, griping pains in the bowels and want of vitality; a pinched look.

102.—Fluids enclosed in a sac. Tumors may be malignant and non-malignant. They are of an abnormal growth.

103.—A muscular cavity in the thorax lying slightly to the left side, and is divided into four chambers, viz: Right ventricle and left ventricle, and left auricle and right auricle.

104.—It lies on the left side underneath the stomach; it is a cake-shaped organ.

105.—Febris. Medicines that allay fevers are termed Febrifuge.

106.—Observation or quickness of perception; truthfulness, gentleness, memory. If lacking this happy faculty a pencil and note book must be resorted to. Attention to details, keeping careful records, etc.

107.—Webster said, "There is always room in the

top story of any profession," and as that of nursing is comparatively new and the sick are always with us, there is perhaps more room for capable women in that vocation than in many others. Some graduates become superintendents of small hospitals, where the salary is \$500 per annum and board. The earnings of a nurse are from \$20 to \$30 per week and board. Traveling expenses paid.

108.—From twenty-five to thirty.

109.—The teaching is given by visiting and resident physicians and surgeons at the bed-side of the patient, and by the superintendent and assistant superintendent and head nurses. Lectures, recitations and demonstrations will take place from time to time, and examinations at stated periods.

110.—The rules are very similar in all the training schools of the United States. Any one wishing to enter should apply by letter or in person to the superintendent of the training school. If approved the applicant is accepted *on probation*. When a candidate applies by letter for admission she is required to answer questions furnished to her, with blanks for replies. The candidate applying for admission should send letter from a minister, testifying to her moral character, and one from a physician, certifying that she is in good health. She is expected to read well aloud, to write well and legibly, to keep accurate accounts, and to write correctly from dictation. She must be an agreeable, lady-like person.

111.—The term of service varies from sixteen months to two years. In the largest schools it is two years.

112.—In Philadelphia \$5 is paid per month for personal expenses for the first six months, \$10 for the second and \$16 for the second year. In Chicago \$8 a month the first year, \$12 the second. New York City Hospital School \$10 for the first six months, \$15 for the second, \$16 for the third. The pupils are usually allowed a certain number of pieces washed, free of expense, and are *absolutely* free from expense during the term of training. There are seventeen or more training schools for nurses in the United States.



## PREPARING FOOD FOR THE SICK.

---

It is in this department that the *trained nurse* by her skill and efficiency shows her superiority in the sick room. The broths, slops and indigestible food prepared for the sick have killed thousands. People worn out by disease must have nutritious food, prepared in the most appetizing manner. All soups should be made of lean meats, and the flavor and nutritious properties of the meat be retained and increased by skillful preparation.

It is not to be wondered at that the ordinary insipid preparations, are not only not relished by the sick, but loathed by them.

The ordinary help cannot be trusted to prepare even toast for the sick, which if not served hot to the patient, is positively injurious. In the first stages of disease, of course nothing but liquid food can be given, and nurses will find numerous recipes for broths, gruels, etc. All have been tested and found excellent. No small amount of trouble arises with patients when convalescent. What shall be done? A relapse is certain if the wrong articles be given, yet the patient craves and must have solid food. That prepared for the table is not unfre-

quently too rich or altogether unfit for a stomach impaired by sickness. To meet this want a number of dishes may be prepared in such a manner that will prove perfectly wholesome, and not in the least injurious.

Many of the recipes are suggestive, the nurse can vary them *ad infinitum*. Knowing the fundamental rules one may exercise tact and ingenuity in preparing healthy and palatable dishes. Young women who have had no previous instruction in the culinary art will find them invaluable. Those who have done house work but who have had no experience in "cooking for sick folks" can see at a glance what will be required.

## DISHES FOR THE SICK.

---

### BEEF TEA.

Take one pound of beef, take off all the skin and fat, and put it in a pint and a half of cold water. Let it boil for five minutes, then take the beef out and cut into small pieces. Put it again in the same liquor and let it boil ten minutes longer with a pinch of salt, then pour it into a fine cloth and press all the juice from it.

### ANOTHER RECIPE.

Beef tea made of the best round steak should be put in an earthen jar, and left in the oven, with a small amount of water, until the juice is extracted, or place in a glass jar over boiling water. Pass a piece of stale bread over it before serving. Always observe this caution in serving beef tea.

### INDIAN GRUEL.

Take one quart of boiling water and stir in two or three tablespoonfuls of finely-sifted Indian meal, previously mixed with a little cold water. Salt to the taste and let it boil for fifteen or twenty minutes.

### BARLEY WATER.

Upon one ounce of pearl or common barley, after

it has been well washed in cold water, pour a pint of boiling water and then boil for five minutes; the water must then be strained off and thrown away. Then pour on a quart of boiling water and let it boil down to one pint, and strain off.

The water thus made will be clear and mucilaginous. May be flavored.

#### ARROW ROOT.

Put two teaspoonfuls of the powder into a basin, mix them smooth with a few teaspoonfuls of cold water, and let another person pour boiling water over the mixture, while you continue to stir the starchy substance; thus prepared it can be used as gruel; a little wine may be added.

#### OAT-MEAL GRUEL.

Boil a pint of water in a saucepan; when boiling mix with two teaspoonfuls of oat-meal, half a pint of milk, and a little salt. Let it simmer for thirty minutes, then strain, sweeten, and add a little nutmeg.

#### CAUDLE.

Beat up an egg with a wineglassful of sherry, and add to it half a pint of hot gruel; flavor with lemon, nutmeg, or sugar.

#### MILK PUNCH.

Into a tumblerful of milk put one or two tablespoonfuls of brandy, whisky, or Jamaica rum. Sweeten and grate nutmeg on top.

## ESSENCE OF BEEF.

Cut a pound of beef, free from fat, into small pieces; put it in a stone jar with a cover, *without water*. Fasten the cover down well with a double bladder. Stand the jar in a saucepan of hot water. Let it simmer from four to six hours. There will then be found a teacupful of juice. Teaspoonful at a time.

## FLOUR GRUEL.

Tie up one pound of flour tightly in a cloth, put it in a sauce pan of cold water, and boil for five or six hours. When taken out it will be a hard ball. Pare off the outside rind when needed for use; scrape off enough for use and mix with boiling milk to the thickness of gruel.

An excellent food in diarrhœa.

## EGG GRUEL.

Boil two eggs from one to three hours, until hard enough to grate, then boil new milk and thicken with the eggs; a pinch of salt. Excellent for weak stomachs.

## APPLES—STEAMED AND BAKED.

A nice way to prepare apples: Steam sweet apples, cut in slices and sprinkle sugar over them; then brown quickly in the oven.

## QUAIL ON TOAST.

Cut the birds open down the back; salt and pep-

per and dredge with flour. Break down the breasts with the carving knife so they will be flat. Then place in the oven with a little water and butter, and cover up tightly until nearly done. Then fry to a light brown in hot butter. Have ready the toast made of baker's bread, slightly buttered. Put it on a platter; in this place the quail. In the pan make a gravy lightly thickened and pour over the gravy.

#### FRESH MEAT BALLS.

Chop up the best round steak very fine; salt and add a few cracker crumbs; beat up an egg; mix with it; then make into small balls; fry quickly in half butter and lard so as to retain the juice of the meat.

Rice, oat meal, sago, tapioca, and all farinaceous substances are best steamed in milk or water.

#### OYSTERS ON THE SHELL.

Vinegar is frequently injurious; lemon juice is preferable.

#### OYSTER STEW.

In making oyster stews for patients use cream instead of butter.

#### CHICKEN JELLY.

Boil a chicken in sufficient water to cover it until the meat drops from the bones; then pour the liquor through a sieve into the mold or form. Season to taste and do not allow it to boil too long, as

it becomes tasteless. Calf's foot jelly is made in the same manner.

## MUTTON BROTH.

Boil a nice piece of mutton with a handful of pearl barley for several hours; strain through fine sieve, being careful to remove every particle of grease.

## MEATS.

All meats for patients should be broiled or roasted.

## CHAMPAGNE JELLY.

Half a package of Cox's Gelatine; pour upon it half a pint of cold water; let it soak half an hour. Add the juice of one lemon and half the rind. A pint of sugar and a pint of champagne; mix all thoroughly together and add a pint of boiling water. Stirring well all the time, strain through a flannel bag or Turkish towel, and pour into molds. Other wines may be used if preferred.

## CORN STARCH JELLY.

Pint of boiling water;  $2\frac{1}{2}$  tablespoonfuls of corn starch moistened with cold water; put in pinch of salt; half a tea cup of sugar; can be flavored if desired. Pour the mixture into boiling water; boil five minutes; stir all the time; milk may be used instead of water if desired.

## POTATOES.

Potatoes are best baked; break open; never cut with a knife. Mash with a fork.

## VEGETABLES.

When vegetables are given to convalescent patients, use cream instead of butter.

## SNOW FLAKE FOOD.

Take sufficient quantity of the food, (prepared pop corn;) mix with milk to the required thickness; sweeten to the taste.

## LEMON JELLY.

The juice and grated rind of a lemon; half a cup of sugar; quarter of a cup of butter, and the yolks of two eggs; place the ingredients in the fire, stirring all the time; it is jelly in about ten minutes.

## ORANGE JELLY.

Soak one package of gelatine in half a pint of water for an hour; add juice of three lemons; two pounds of sugar; one quart of boiling water; add a pint of orange juice. Set on ice to cool.

## ORANGE MARMALADE.

Orange is especially nice for invalids. Grate the yellow rind of two to each dozen oranges; then peel them; cut the fruit in small pieces and remove all seeds. Put into a porcelain kettle, heat gradually and boil gently ten minutes. Stir in the grated rind and remove from the fire. When cool sift it, and to each pint add one pound of sugar. Return to the kettle, heat slowly, and stir constantly until the sugar is dissolved. Let it boil gently, stirring



occasionally for three-quarters of an hour. When done, pour into jelly glasses ; when cold, sprinkle with sugar and tie paper over. Never stir with an iron spoon ; if too stiff to use a silver spoon use a wooden spoon.

#### PINE APPLE JAM.

Peel and grate the fruit ; to each pint allow one pound of sugar ; boil gently three-quarters of an hour, stirring frequently.

#### GRAPE JAM.

Pick and wash the grapes ; they should not be over ripe. Put them in a porcelain kettle and set it over a slow fire. Break the grapes with a potato masher. When warm, but not hot (scalded fruit with seed in gives a strong, unpleasant flavor), remove from the fire, cool a little and sift through a coarse sieve. To each pint allow three-quarters of a pound of sugar. Return to the kettle and boil half an hour. Put in fruit jars.

#### BRAIN FOOD PUDDING.

One quart of milk, one teacupful of molasses, two eggs, a teaspoonful of salt, six teaspoonfuls of brain food, and a little nutmeg, cinnamon and clove ; mix the brain food with a little of the milk and scald the rest. When boiling hot stir in the brain food ; stir rapidly two or three minutes, then add the molasses and spice, last add the eggs well beaten and pour into a buttered pudding dish ; bake an hour and a half in a moderate oven.

## WHEAT MUFFINS.

One and one-half cups of fine granulated wheat, one and one-half cups of milk, one egg, a teaspoonful of cream of tartar, one-half teaspoonful of soda, salt. Bake fifteen minutes.

## GLUTEN MUFFINS.

One egg, two cups of milk, two cups of crude gluten, half a teaspoonful of salt, and two teaspoonfuls of cream tartar. Heat the roll pans before buttering, pour in the batter and bake fifteen minutes in a quick oven.

## GRANULATED OAT MUFFINS.

One cup of granulated oats, one cup of cold-blast flour, two cups of milk, one egg, two tablespoonfuls of sugar, half a teaspoonful of salt, a teaspoonful of soda, and two of cream tartar. Bake twenty minutes.

For all the muffins the roll pans should be heated before buttering; the quality of the muffins depends largely on this.

## POACHED EGGS.

Fill sauce pan half full of water; add salt; break open the eggs carefully and drop into the boiling water. Skim with the skimmer as soon as the whites are set, lift out with the skimmer, drain off every particle of water. Butter slightly; serve on toast hot.

## ASPARAGUS.

Boil in seasoned water; when done chop fine, add butter, thicken with a little flour; pour over hot toast.

## SPINACH OR GREENS.

Pick over nicely, boil in seasoned water, chop fine, add butter and pepper, serve on hot toast. Garnish with sliced or grated eggs.

## WHITE FISH.

Select the best, boil till done, add a little butter, thicken with a little flour stirred in milk; add a little parsely chopped fine and a slice or two of lemon.

## SPRING TROUT.

Roll in flour or cracker crumbs; fry in a little batter to a nice brown.

## BLANC MANGE.

Take ripe cherries, blackberries or any juicy berry. Put in porcelain kettle when warm; not boiling; strain out the juice; put back into the kettle and thicken with corn starch. Put into cups and let it cool.

Some of the juice sweetened may be used as sauce, or nice sweet cream seasoned.

## IRISH MOSS.

To one-half ounce of Irish moss add one quart of water; soak it a little while; then drain the water off. Boil until it thickens; then strain through

sieve into jelly cups; season to taste. Flavor with lemon.

TOMATO CUSTARD.

To half a pint of tomatoes add one pint of milk, two eggs, and sweeten to the taste. Bake in small custard cups, and sprinkle sugar over the top. May be steamed or baked. To be eaten cold.

A salted herring nicely freshened and eaten with sliced lemon makes a nice relish.

Oysters may be steamed in their own liquor, and served on toast. Brush the edges with a knife.

Serve food on warm plates.

## DRINKS FOR THE SICK.

---

### BARBERRY WATER.

Barberry water is made by pouring a cupful of boiling water on a large spoonful of barberry preserves; makes an excellent drink to use in case of fevers. It is said to be almost a cure for scarlet fever.

### TOAST WATER.

Cut a slice of stale bread half an inch thick, and toast it brown without scorching; pour over it a pint of boiling water. Cover closely till it cools; then pour off and strain.

### RICE WATER.

Take of rice two ounces; water two quarts; boil it for an hour and a half; then add sugar and nutmeg to the taste.

### WINE WHEY.

Boil half a pint of milk, and while boiling add a wineglassful of sherry wine. Strain through muslin or a sieve to separate the curd. Sweeten to taste.

## COOLING DRINKS.

Take two or three lumps of sugar and one lemon. Rub the sugar on the rind, squeezing out the juice; then add a pint of iced water, or better still, one or two bottles of soda water.

## ANOTHER.

Put half an ounce of cream of tartar, the juice of one lemon, and two tablespoonfuls of sifted sugar into a jug and pour a quart of boiling water over them. Cover till cold.

Excellent in dropsy.

## EGG NOG.

To a tumblerful of milk add one egg, well beaten; sweeten to taste. Tablespoonful of brandy, whisky or port wine.

A nice drink is made of the juice of berries—blackberries, raspberries, strawberries, etc. Add the juice of one lemon, a little water and bits of ice.

## LEMON TEA.

Pour a quart of water on the rind of two lemons; when cool add a lump of ice and the juice of the lemons; sweeten to the taste.

## CRUST COFFEE.

Take the crust of bread; break in small pieces; toast *very brown*; then grind in a coffee mill and prepare like coffee. Very nutritious.

---

TEA.

Never let tea boil, but let it steep from three to five minutes; cover closely.

## LEMON SYRUP.

This is made by slicing lemons and paring off the rind; place a layer in a deep dish, sprinkle with sugar, put on another layer of lemons, adding more sugar; then cover closely and set the dish over a kettle of boiling water and steam until the juice is extracted. This is very nice in case of fever or colds.

## SHERRY WINE PUNCH.

To one ounce of sherry wine add equal parts of lime water and milk. This is very good, if taken for a sour stomach.





## WEIGHTS AND MEASURES.

---

G t t—One drop.

fl m j—One minim, or the sixtieth part of a fl  $\bar{3}$ .

This is the smallest drop and may be accurately obtained by dropping from a hypodermic syringe.

gr j—One grain.

℥ j—One scruple=20 grains.

℥ j—One drachm=60 grains.

℥ ss—Half ounce=4 drachms.

℥ j—One ounce=8 drachms.

lb j—One pound=16 ounces.

fl  $\bar{3}$  j—One fluid drachm=60 minims.

fl  $\bar{3}$  ss—Fluid half ounce=4 fl drachms.

fl  $\bar{3}$  j—One fluid ounce=8 fl drachms.

fl O. j—One pint=20 fl ounces.

fl G. j—One gallon=8 pints.

A common sized wine glass holds half a gill.

A common sized tumbler holds half a pint.

Four common sized tea cups of liquid are equal to one quart.

A drachm is equal to one teaspoonful.

Two drachms are equal to a dessertspoonful.

One-half ounce is equal to a tablespoonful.



## TESTIMONIALS.

---

CHICAGO, August 27, 1884.

MRS. RICHTER SPALDING:

Nursing is certainly now a profession, and text books for instruction will be constantly needed. I shall expect that yours being the latest, will be the best.

Very truly yours,

DAN'L T. NELSON, M. D.

2400 Indiana Ave.

---

CHICAGO, August 21, 1884.

MRS. RICHTER SPALDING:

*Dear Madam:*—I do not know how I can do justice in a space like this to the importance of your book. A knowledge of this subject is so important that *every one* ought to be acquainted with the best methods of helping the sick and suffering.

With the present habits of life and the hereditary entailment of diseased conditions, nearly all have to suffer more or less.

Therefore, all ought to be taught how to help that suffering, so as to soothe and relieve the pains and afflictions of others, to act the good Samaritan wherever the occasion requires, to give a drop of

water to cool the parched tongue, to change the aching body so as to get some rest, are acts that can be done so as to be very much more valuable when done rightly. I am glad that you are going to teach such a useful and necessary acquirement as how to nurse the sick, and wish you abundant success.

I remain, yours very truly,

T. T. OLIVER, M. D.

3305 Cottage Grove Ave.

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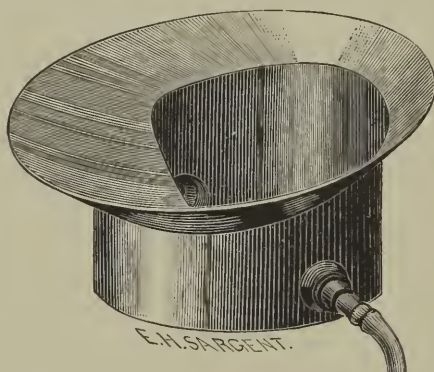
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DR. DICKINSON'S  
DOUCHE BED PAN.



*The essential requisites of a Bed Pan for Gynaecological and Obstetrical patients:—*

The Bed Pan should *comfortably* support the patient.

Should be so constructed that the discharges will not flow back to wet and soil the patient, her clothing and the bedding.

Should be so constructed that the chamber is readily emptied, cleansed and disinfected of fecal discharges.

Should be self-discharging for the copious douche taken in the recumbent position.

Should not interfere with the insertion of the catheter, vaginal or rectal tubes, etc., when in position.

Should heat quickly. Should be simple in construction, not easily broken, cracked or rusted, and light in weight.

Should prevent forcibly expelled urine from soiling the bedding.

Should permit the douche to be discharged from either side of the bed. Should prevent local discharges from entering the rubber discharge tube. Should be easily placed under the patient.

Dickinson's Bed Pan **BEST** answers **ALL** these requirements.

## ➤ DICKINSON'S BED PAN. ◀

*Supports the patient comfortably.*

The top is a scoop shape flange, which extends up the small of the back and slopes to the center from all sides, so that no pillow or other rest need be placed under the patient. Fits the patient.

*Is self-discharging for the copious vaginal and uterine douche in the recumbent position.*

A metallic tube, with flexible rubber tube attached, is screwed to a side opening in the pan. The rubber tube hangs over the side of the bed into a jar or other receptacle for the purpose, *otherwise* the care and attention of the attendant or nurse is required to remove, empty and replace a pan several times, or a large pan sufficient to hold a gallon or more of water be used, which is heavy to remove.

*Prevents the water from flowing back on the patient.*

The top, which extends up the back and supports the water, slopes down and forward into the chamber of the pan and not down and back on to the bed clothes.

*The douche can be discharged from either side of the pan, as is most convenient at the time.*

Patients do not always lie on the same side of the bed, and all beds do not head the same way.

*The discharge openings have caps to close them tightly.*

When the pan is not in use for the douche, remove the discharge attachment, close the opening, and the pan is ready at a moment's notice for urine or alvine discharges without soiling a flexible rubber tube.

*Alvine discharges are readily turned out and the pan cleansed and disinfected with facility.*

The whole chamber, top, bottom and sides, is open to view. No projecting lips are over the chamber, for under them it is difficult to cleanse and disinfect. The top is flush with the sides all around.

*Urine forcibly expelled does not soil the bedding.*

The front is sufficiently high to prevent it.

*Catheter, vaginal, rectal and other tubes may be inserted, when necessary, with the pan in position.*

The front edge is far enough forward not to be in the way.

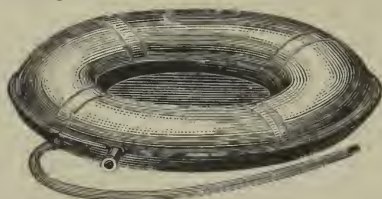
*Can be readily warmed.*

A bed pan should never be cold to the patient.

*Is light and not easily broken.*

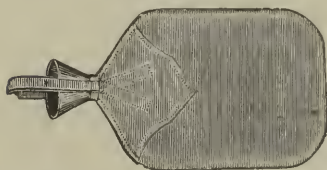
*Can be readily placed under gynaecological and obstetrical patients.*

## Sargent's Rubber Douche-Pan.



Our Rubber Douche-Pan, is a convenient and comfortable pan for the same purposes as the foregoing, being flexible it is preferred by some to any metal or crockery vessel. It is made of Pure Rubber and in the best manner.

Price, \$5.00 each.



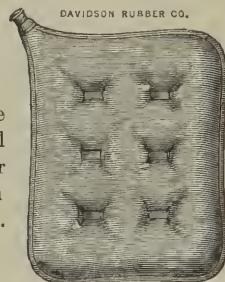
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## THE RUBBER WATER PILLOW.

Suitable for hot or cold water, is made of the same material as the Bottle, and serves a useful purpose, being larger and better adapted for same purposes than the Bottle, presenting a flat surface when filled, instead of an oval form.

Size 14x18 inches. Price, \$4.50 each.



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